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## Original Lectures.

## LECTURES ON DIPHTHERIA.

DELIVERED IN THE COLLEGE OF PHYSICIANS AND SURGEONS,  
NEW YORK.

BY

A. CLARK, M.D.,

PROFESSOR OF PATHOLOGY AND PRACTICE OF MEDICINE.

## LECTURE II. PART II.

*Diphtheria with typhoid fever.*—Symptoms reviewed, vomiting in the advanced stages a bad symptom.—Membrane, the time of its occurrence, its recurrence, its color.—Convulsions as an early symptom.—Pulse frequent, infrequent, and irregular; the irregular the gravest prognostic.—The soreness of the throat often inconsiderable.—Aphonia not constant in tracheal diphtheria.—Croupy cough almost but not absolutely constant.—Delirium.—Fetid breath not a common symptom.—Diarrhœa a bad symptom.—Albuminuria.—Tumefaction of the fauces causes dyspnoea.—Coma.—The disease probably communicable, Bretonneau's doctrine of literal contagion not generally adopted.

AMONG the specimens of diphtheria exhibited to you the present session, you will remember the tonsils, uvula, larynx, trachea, and fine divisions of the bronchial tubes of an adult lined by false membrane. The patient from whom the specimen was taken had been suffering from typhoid fever for two weeks at the New York Hospital, when he was attacked with symptoms of croup, and died in a few days, tracheotomy having been unsuccessfully performed. Several cases of a similar character were seen at the same hospital during the epidemic of typhus some years ago, in patients affected by that disease. It seems to have occurred in these cases after the completion of the second week of the fever. M. Louis (Arch. Gen. de Med., tom. iv., 1824) has reported two cases of membranous exudation in the air-passages, and the usual symptoms of diphtheria in patients having typhoid fever. One was a patient twenty-three years old, who had been fourteen days in the hospital before the symptoms of the membranous disease began. The other was in a boy aged fifteen years. Dr. Greenhow (On Diphtheria, p. 76) reports that Dr. Heslop, of Birmingham, found in Nov., 1858, that of four cases of typhus fever occurring in one house, two of the patients had membranous exudation in the throat. In one of these it is stated that the patient, a girl aged seven years, had suffered nearly a fortnight before the appearance of the throat affection. In the other case the time of the occurrence of the latter is not mentioned. M. Louis's cases are described under the title, croup in adults; but as diphtheria was prevailing in Paris at the same time, it is more reasonable to refer them to this class.

Thus, gentlemen, from these cases and statements, you may form some idea of the length and breadth of the influence of this disease.

I shall now call your attention again to the symptoms, and enlarge a little upon some that have been already referred to, and speak of one or two that have not yet been named. I have told you that vomiting is not unfrequently an early symptom; as an early symptom, it is not of very great importance. It occurs also frequently in the latter part of the disease, and then it is not unfrequently of considerable moment, as it interferes with the regular administration of the means on which you have relied for recovery. As a rule, children vomit easily, and they are less exhausted than adults; yet it is an unfavorable symptom, inconvenient in every respect, and exhausting even in them. Its disastrous influences may be better appreciated if I give you a synopsis of a case of Dr. Thayer, as recited in the excellent paper in the first number of the *Berkshire Medical Journal*, just issued. In 1857, a patient thirteen years of

age had very moderate diphtheritic inflammation of the fauces. Partial improvement nine days after attack; rode to doctor's office on the fifteenth day; again confined to house; soon to her bed; the throat but moderately swollen, but the false membrane continued; vomited daily, with daily increasing weakness; at length very restless, and on the twenty-fifth day in her uneasiness got out of bed, and died of syncope a few minutes after. She had had no hemorrhage, and no laryngeal diphtheria, but the vomiting could not be controlled, and she grew weaker and weaker under its influence.

It was but yesterday, in the practice of Dr. Blakeman, that a child about five years old, that had been suffering for about a fortnight with diphtheria of the fauces, without any alarming symptoms, began to vomit. The vomiting was not readily controlled. No food or medicine could be retained. We resorted to nutritive injections, but last night she sank into a kind of syncope and died. There was no dyspnoea, no hemorrhage, and yesterday morning no alarming frequency or irregularity of the pulse.

In regard to the time of the occurrence of the membrane, this varies exceedingly in different cases; in general it appears on the second or third day of the febrile movement, when there is a febrile movement; but in other instances it will be delayed to the fourth, fifth, and sometimes as late as the tenth or fourteenth day, there being a little febrile action all this time. Such a case I saw quite lately in a lady forty-five years of age, the wife of a physician. For nearly fourteen days she had suffered from sore throat, that annoyed her very much, altering her voice considerably. At the end of that time the membrane formed for the first time upon the epiglottis, making a sort of glove or cap for it. It was arrested, however, at this point, and did nothing more than put her to a great deal of inconvenience and alarm. She recovered readily.

The disposition of this membrane to recur is one of the most striking things in its history. It will be renewed two, three, or four times in the first ten to twenty days, and as it is reproduced, often extending. At other times you will see it exfoliate, and show no disposition to return whatever. If it were possible to fix a period of average duration, I think it would vary little from ten days. The color of the membrane is very variable. Often at the beginning it is of snowy whiteness, or in thin layers translucent; as it increases it assumes a yellowish hue, or an ash color, or if blood or ferruginous medicines are incorporated with it, it becomes of a dark hue, often quite black. Often the patches on the tonsils are surrounded by a very marked deep red circle, and the membrane appears depressed in consequence of some swelling in this red zone. When portions of the membrane separate from portions that are still attached, it has a shreddy, sloughy look, resembling loose cotton saturated with pus, and is commonly of a light grey color or of a dirty yellow.

In a few cases convulsions are an early symptom. I have already told you that convulsions not unfrequently terminate this disease; but they occasionally occur as one of the earlier symptoms. I have the minutes here of a case in which they occurred in a child four or five years old, two children in the same family being seized with diphtheria at the same time. The symptoms were almost exactly analogous, except that the younger child, in whom the disease proved fatal, was sleepy for two or three days before any membrane was noticed in the throat, but was very bright afterwards. He died of tracheal diphtheria. The other child, seized at the same time, had the same degree of fever, had convulsions two or three in succession, but had only a local inflammation, that is to say, membrane appeared upon the tonsils, exfoliated in two days, reappeared three days afterwards, was threatening for a time, but did not descend into the larynx nor ascend into the nares, and she recovered. Dr. Kneeland, in the *American Medical Times*, reports two cases where the disease was attended by convulsions in the beginning. They had not occurred before in any of these children. It does not

appear, from the few cases reported, that convulsions are very alarming in the earlier period of the disease, but at the conclusion they are of the utmost importance.

*The pulse* is interesting. Usually in the beginning of the disease it is rapid, in the child, 120 to 140, supposing the invasion to be decided. In the insidious cases we have but little means of knowing what the pulse may be, because our attention is not then called to it. As the disease advances, there are three things specially noticeable in the pulse. In some it continues at a pretty rapid rate during the whole of the disease; in others it is rapid for a certain time, and then almost suddenly falls off to some small number, 56, 50, 40 even, and remains there, without any cause that we can distinctly ascertain, for three or four days; and in others still its striking feature is extraordinary irregularity—rapid, interrupted, and irregular in all respects. Among these peculiarities I think I have learned to regard the irregular pulse in the advanced periods as of the gravest importance. A rapid pulse can be borne for a considerable time, and still a child may recover; and the infrequent pulse, as I have met it, is not among the most alarming of the prognostics; but a markedly irregular one is that which gives me the gravest anxiety. I know of no one symptom, the difficult breathing alone excepted, that is more indicative of an unfavorable issue.

A circumstance that will early attract your attention is that while there is much inflammation of the throat the patient makes but little complaint of soreness. There seems to be in these parts in certain cases a sort of local anesthesia, whether muscular paralysis exists or not. A physician, about thirty-five years of age, felt the first symptoms of illness, of an afternoon in his carriage, while performing his usual round of duty. He soon had a severe chill, followed by high fever. This was interrupted by another chill, which in its turn had its fever, and before the evening he had still a third chill, followed by heat—all the time headache, vomiting, prostration. I saw him the next morning. His pulse was then 140; his face flushed and almost turgid. He had no soreness of throat, he said; but the tone of his voice announced swollen tonsils and an inflamed palate, and his febrile symptoms led me to the conviction that he had diphtheria. Patches of false membrane as large as a dime were found on each tonsil, while the external glands of the neck were moderately swollen—yet this case, so vigorous in its onset, was mild in its progress. He took tincture of iron without any application to the throat, unless perhaps he used a gargle of chlorate of potassa. In two days the membrane disappeared, and in one day more he resumed his professional labors. It happens, perhaps, in one-half the cases that no complaint is made of sore-throat, and there is no great difficulty experienced in deglutition; but there is often in children an extreme unwillingness to make an attempt to swallow.

It is worthy of notice, also, that *the voice* in tracheal diphtheria does not seem so uniformly affected as in croup, or rather it does not seem to be affected to the same extent. A great many children who are actually suffocating with this disease, from the embarrassment to the respiration, can speak aloud; some again can only whisper. *The croupy cough* is almost a constant symptom in tracheal diphtheria, occurring as it does in ordinary croup and from a similar cause; still Dr. Gottschalk reports two cases shown to be membranous disease by dissection after death, fatal from suffocation, in which the peculiar barking cough was not present at any time.

The condition of the *mind* is a point of some interest. In many of the children, no matter what characters this disease may take, the mind remains sound to the end; in others there is pretty active *delirium* during the middle stages of the disease; and still in others at the end there is coma; it occurred in the case that I just now referred to, recorded by Dr. Buck. In adults delirium is sometimes the most prominent of the symptoms. This was very marked in the father of the affected family at Elizabeth. While his

children were sick with scarlet fever and diphtheria, he suffered from diphtheria with but moderate febrile excitement; delirium commenced early in the disease, and continued until the throat symptoms began to subside. *Somnolence* is not an unfrequent occurrence in the early and middle periods.

You hear a good deal about the *fetid breath* of diphtheria. It is not by any means a constant occurrence; you will perhaps see ten cases before you find one in whom this peculiar odor of the breath is very striking; when you perceive it, it will be decided. It has been ascribed to the decomposition of the false membranous matter that has been produced during the disease; but this is not all. I saw, for example, only a few days ago, a gentleman who had had diphtheria, and in whom the membrane had all disappeared; only a cough remained over, and his breath was so fetid that his physician was fearing gangrene of the lungs. It was for the purpose of discovering whether gangrene existed that I was invited to see him. I could, however, find none; there was nothing but that peculiar fetor that is occasionally noticed in fetid bronchitis. It seems to be the result of a morbid secretion from the mucous membrane. But remember, you are not to expect its occurrence very often. I was led to suppose, in reading of this disease, that fetid breath was almost its diagnostic mark.

*Diarrhea*.—This is occasionally noticed as a complication, and it is often a very grave one. Diarrhea occurring in the latter part of the disease, is more apt to present itself in those who are already debilitated, and will sometimes be the immediate cause of death. It is therefore desirable that it receives early attention, coming on at this period.

*Albuminuria*.—I find, on examining my own notes, that the question of the existence of albumen in the urine was one that occupied my attention early in the epidemic. I am able to give you nothing more in regard to it than has been already written; it does occur in a moderate proportion of cases, and as yet no one has ascertained what is its significance. Cases in which albuminuria has been observed get well as others do.

*The swelling of the fauces* is occasionally noticed as a cause of great embarrassment in the breathing where the larynx and trachea are entirely free. This was remarkably true in the case of the gentleman at Elizabeth just referred to. His breathing was difficult and noisy when awake, but sleep for two or three days at the height of his disease, seemed to be impossible. The moment he lost himself the inspiration was interrupted, and after three or four unsuccessful efforts to effect it he would wake partially suffocated and alarmed. Expiration was not difficult. This seemed to arise from the relaxation of the swollen tissues of the fauces consequent upon sleep, these falling upon the larynx so as to stop the opening of the glottis. An embarrassment arising from a similar condition had been noticed in many other cases.

*Coma*, as you have been already told, is occasionally a termination of diphtheria, and it is a question yet to be decided whether that coma is the result of uremia or not. In a word, here is a point in the symptomatology of the disease which has been very inadequately investigated, and I commend it to you as the subject of particular study, and indeed the whole subject of albuminuria in diphtheria.

I will delay you to-day a few minutes longer to consider one question more regarding diphtheria. Is it *contagious*? I have here rather copious notes from the authorities regarding this matter, and will recite to you the substance of them. Bretonneau, who is the first and principal authority in regard to most questions that are now agitated regarding diphtheria, entertains no manner of doubt of its communicability. He assumes that diphtheria was imported into Greece by numerous Egyptian colonists, and was known there as the Egyptian disease; and that the time at which this importation occurred was nearer to that of Homer than that of Hippocrates. I am sure I cannot tell from what authority he has derived this statement, but I believe it is very generally conceded by those who have looked into the chronology of

diphtheria, that the first clear indication of it is given by Aretæus. I know from my own research that he does not intimate how long it had been known. I am therefore disposed to assume that there is in this assertion something of that straining after effect, for which Bretonneau may sometimes be justly blamed. The diphtheria is undoubtedly the Egyptian or Syriac ulcer of Aretæus, but when and how it was introduced, I do not know that we have any evidence whatever. "The land of Egypt," says Aretæus (Adams's translation), "especially engenders it, the air thereof being dry for respiration, and the food diversified, consisting of roots, herbs of many kinds; acrid seeds and thick drink, viz. water of the Nile, and a sort of ale prepared from barley. Syria also and more especially Coelo-Syria engenders these diseases, and hence they have been named Egyptian and Syriac ulcers." The assumption that it was brought from Egypt into Greece implies its contagiousness. Bretonneau is convinced that it is communicable from person to person by contact, as syphilis is; and he gives several instances mostly from the observations of Trousseau and Ramon, of its being communicated by direct inoculation. The following is one of his cases:—At the Ecole Militaire, in 1826, four pupils and one sister of charity had died. A pupil having excoriated chilblains, wetted his foot in a little pool of sputa at the bedside of one of the first patients. An excessively painful ulceration was the consequence; it was established between the toes, and was covered with false membrane. The Egyptian disease thus inoculated, yielded only to the employment of a solution of nitrate of silver, and after to the "soothing and cicatrizing action of calomel." In the table relating to cutaneous diphtheria given in the first lecture, an instance is referred to in which Trousseau and Ramon saw a woman who had contracted diphtheria of the nipple from suckling an infant who had buccal diphtheria. The inflammation in the mother extended to the breast with the production of false membrane, and exceedingly painful swelling.

Several instances are recorded in which physicians either in examining the throat of patients, or in performing tracheotomy, have been sprinkled with this secretion by the coughing of the patient and have afterwards suffered from the disease.

Bretonneau publishes the case of Dr. Herpin, Surgeon of the Hospital of Tours, as follows:—"I attended," says Herpin, "a child with pharyngeal diphtheria in angina, which had become croupal. It yielded to energetic cauterization with solution of nitrate of silver, frequently repeated for six days. A nurse, who took care of the child, was attacked with pharyngeal diphtheria, which soon yielded to local treatment. The child being intractable coughed and violently threw out the sputa. The orifice of my left nostril once received some of this excretion, but from being obliged to continue the cauterization, I had no time either to wash or wipe the part. A few days afterwards, there was snuffling on the left side, and nasal voice, then suddenly painful pharyngeal angina, sleeplessness at night, extreme uneasiness, weakness, coldness, and pain. In the morning both tonsils and the uvula were completely enveloped in a white incrustation. Three times a thimble of false membrane enveloping the uvula was detached and reproduced. Deglutition difficult, sputa abundant and fetid; stools loaded with false membranes," etc.

Bretonneau also gives the following:—"A short time after the inoculation of nasal diphtheria under which Dr. Herpin nearly sank, my friend, Dr. Gendron, of Château du Loire, being obliged to perform tracheotomy, received on his lips, at the moment of opening the air tube, a shower of tracheal exudation thrown out by a convulsive fit of coughing. Pharyngeal diphtheria was the immediate effect of this accident. Originating on one tonsil the special phlegmasia so rapidly reached the larynx that I was obliged to have recourse to energetic treatment. The cure was rapid and complete, and none of the symptoms of constitutional diphtheria were developed."

Within a few days it has been announced that Dr. Gen-

dron, of Tours, perhaps the same physician referred to in the last case, had died of this disease, having had his face covered with the secretions from the throat of a woman suffering with diphtheria, during tracheotomy. This certainly looks like contagion. It is not a year since, that Baltimore has had occasion to lament the death of a distinguished and learned physician, whose disease *seemed* to be acquired during the performance of the same operation. Soon after performing tracheotomy for diphtheria, Dr. Frick began to suffer from sore throat, which terminated in membranous disease of the larynx. Tracheotomy was performed, but it was unavailing, and he died. It does not appear that in his case there was any actual contact of the diseased secretions with any of his mucous surfaces.

In opposition to this opinion of Bretonneau, "that true inoculation is the only mode of transmitting the Egyptian disease," we have to remark the complete failure of the attempts which have been made to produce this affection by the application of the morbid products to the tissues of men and animals. Both Bretonneau and Trousseau have attempted to inoculate their own throats with this disease, and have both failed; the latter made one puncture on his arm, and five or six on the *velum pendulum palati*. On the arm a vesicle was produced, but no result on the mucous membrane. Quite recently Dr. Peter of the Children's Hospital in Paris, has added his own personal experience in inoculation, and like Bretonneau and Trousseau, failed to produce any specific disease.

Instances are reported by Greenhow of attempts to inoculate the inferior animals, all of which were unsuccessful. Bretonneau says, "I have made some ineffectual attempts to communicate diphtheria to animals."

Most of the later French and English authorities agree with Bretonneau in the general fact that the disease is communicable, but very few assent to his doctrine of exclusive and literal contagion. The facts usually cited as evidence of contagion are—the disposition of diphtheria to spread in families when it has occurred in one member; the spread of the disease in hospitals from bed to bed, and its disposition to confine itself to particular wards; its production in families and places previously healthy, as the sequence of the introduction of persons from infected families and places who have fallen sick at their new residence. On the other hand it is well known that the disease is often confined to one person, though surrounded by those who are believed to be liable to it; and it is well known that outside epidemic influences often simulate very closely the effects of contagion. I suppose we shall be obliged to sum up the matter in a few words, and say that the strength of the argument is upon the side of contagion. My own observation has given me but limited opportunities of observing its communicability. I believe, however, we should not be justified did we not take certain precautions in the chance that it might be communicated. It will doubtless take a good while to settle the question satisfactorily; it has taken a long time to determine whether typhoid fever, scarlet fever, and measles were communicable, and it took a great while to determine that yellow fever was not communicable. In the meanwhile my conviction is that it is our duty to remove healthy children from those that are infected, and also to forbid the use of table furniture and linen appropriated to the sick by any other members of the family; and not to use a spoon or other instrument, with which the tongue of a diphtheritic child has been depressed, for the same purpose in another child, until it has been thoroughly cleansed.

DOMESTIC ITEMS.—Prof. Flint has returned to New York, and is now giving a course of lectures in the Long Island College Hospital.—Prof. Flint, Jr., has gone to Europe to pursue physiological studies.—Dr. Juriah Harris, editor of the Savannah Journal of Medicine, has retired from that position.—Prof. N. A. Pratt, of the Savannah Medical College, has resigned.



## Original Communications.

### A FEW SURGICAL FACTS,

WHICH EXPERIENCE HAS FOUND USEFUL, AND WHICH ARE NOT KNOWN TO THE PROFESSION GENERALLY.

EXEMPLIFIED BY CASES,

By J. J. CHISHOLM, M.D.,

PROFESSOR OF SURGERY IN THE MEDICAL COLLEGE OF THE STATE OF SOUTH CAROLINA.

**CASE I. A Simple Mode of insuring the proper healing of Anal Fistula, after incision; avoiding the necessity of daily Plugging the Wound, which is so troublesome to the Surgeon and so very painful to the Patient.**

Mr. R——, aged thirty, of good health and robust frame, had been for a long time annoyed by a rising on the left buttock, which frequently formed an abscess and discharged. The escape of pus continued for some days, then gradually diminished until scarcely perceptible; the part, however, remaining always more or less moist. As business necessitated much horseback riding, the irritation was kept up by this exercise. Upon examination, a probe traversed a blind fistulous passage of nearly two inches in length. The entire track was incised and thoroughly painted, throughout its entire extent, with perchloride of iron, for the double purpose of controlling hemorrhage, and slightly cauterizing the surfaces, so as to prevent quick union between the lips of the wound. A mass of firmly clotted blood filled up completely the interstice. Twenty-four hours after the application suppuration had already commenced, detaching the coagula, which were before firmly adherent to the wound; granulations formed over the entire surface, and consolidation from the bottom was rapidly effected without the patient having been detained a single day in his chamber.

The daily plugging of the wound, which is so very painful as to make the patient shun the visits of the surgeon; the doubts of retaining the plug within the wound, and the confinement necessary when this treatment is carried out, are all obviated by the much simpler, safe, and more efficient method of painting with the perchloride or persulphate of iron. The tent is a relic of a former age, which should be discarded from the treatment of this surgical lesion.

**CASE II. How to Control troublesome Hemorrhage from Small Vessels without Complicating the Wound with Ligatures.**

Rachel, a healthy negro, aged twenty, entered the Negro Hospital, for the removal of a keloid tumor. The growth commenced in early childhood, from the irritation of the skin around the small puncture made in boring the ear for ear-rings by means of a red-hot sewing needle, a common practice among negroes. The tumor, as large as the fist, hangs from the lobe of the left ear by a pedicle of healthy skin about the size of the index finger. When this peduncle was divided, an active hemorrhage ensued from a number of subcutaneous vessels which had developed themselves into the nutrient arteries of the growth. As it is always very important, after the incision of such tumor, to heal the wound with the formation of as little cicatricial tissue as possible, otherwise the return of the keloidal growth is certain, it was necessary to close the wound accurately, for healing by the first intention. Ligatures to the bleeding arteries would have interfered with the ready healing, and were therefore inadmissible. Torsion was unsuccessfully tried; active styptics were contra-indicated; and as the vessels were too large and the bleeding too free to be controlled by direct pressure in these loose tissues, the following plan was adopted to stop the hemorrhage: *The arteries were seized and ligated with a thread, which after cutting through the inner coats and puckering the outer, would break, when the traction was continued, rather than cut through the outer coat.* By breaking the ligatures, the ends

of the arteries were sealed up, a troublesome hemorrhage at once and permanently checked, and the wound left clean for obtaining quick union. Several arteries having been secured by this means, the edges of the wound were carefully approximated and retained by silver sutures, and the entire length of raw surface united by adhesion. No dressings were applied, the moisture in the line of incision being allowed to desiccate in the air.

**CASE III. A Great Improvement in the Treatment of the Patient after Cataract Operations.**

Mr. M——, aged sixty-three, in good health, has had failing vision in the left eye for several years, which was diagnosed by his physician incipient cataract. Eighteen months since, when sight was nearly lost in the left eye, the right also began to fail. The progress of the opacity was gradual, until within a few months, when under the excitement of politics, dimness increased with great rapidity, and in a week he lost all useful vision. When he presented himself for operation, a semi-hard cataract was seen in the left eye, and one of much softer consistency in the right. He could only distinguish shadows. The left eye, although for many years impaired, was the one selected for the operation of extraction. At the end of the second day after the operation, as the patient had been free of pain, his good feelings got the better of his discretion, and he was induced to overstep the bounds of propriety by partaking of a luxurious dinner, which brought on so violent an attack of indigestion, with its severe chills and distressingly gloomy and nervous feeling, that for several hours he felt assured that he would not see another day. The day after this attack he was allowed to get up, and on the fifth day, with adhesive plaster closing his eyes, he was sent out to walk. This he continued twice a day, walking one or two miles each time. When the first week after the operation had passed, he would open his eyes at twilight whilst walking, having them protected by a blue glass. By degrees more light was admitted to the eye, until the fourteenth day after the operation, when he could walk the streets at midday, his eye being protected from the glare of sunlight by the colored glass and from the upper oblique rays by the rim of his slouched hat. On the fifteenth day, Mr. ——— returned home, to a neighboring State, with a strong eye and such improved vision, as would enable him to see the line upon which he was writing his name, without using a lens. Before vision failed he was very near-sighted. Physicians are aware that no one act is so apt to derange the harmony of the animal economy, as to deprive suddenly persons in good health of their accustomed exercise. The importance of excluding for a few days strong light from an eye recently operated upon being equally recognised, a patch of dark sticking plaster, properly applied, will make a dark chamber at any time, so that the very common practice of shutting out air and light from the room in which is placed a patient recently operated upon for cataract is now no longer required. The above plan of keeping patients in absolute darkness, and yet allowing them the enjoyment of exercise in the open air, so conducive to digestion and general wellbeing, is one of the greatest improvements in the surgical treatment of diseases of the eyes. The adhesive plaster, which is used only when the eye would be exposed to too strong light, is applied as follows: A piece one inch and a half long and one inch wide, with its upper corners rounded off, is thoroughly moistened and applied to the closed eyelids by pressing its inferior edge firmly upon the face, over the lower orbital and malar region. The upper portion of the plaster is then allowed to fall upon the closed upper lid, when, if previously properly moistened, it will hold the lid secure by its own weight even without mild pressure.

Another point of much importance in the successful treatment of cataract patients is, after the first twenty-four or forty-eight hours, allowing time for the union of the wound, to advise the patient to keep the eyes open, at intervals in the dark room, as long as it is found comfortable, night having excluded all injurious light from the apart-

ment. This accustoms the retina to moderate light, which when daily increased by gradually admitting more light into the chamber, will soon enable the eye, when shaded by a colored glass, to stand even some light after two or three weeks. The common practice of keeping the eye closed until eight or ten days have elapsed, when it is suddenly brought out in strong light for examination, cannot be too severely censured. The rational process of gradually introducing light from the second day of the operation will, by the tenth day, enable the eye to bear for several hours sufficient light to permit a very satisfactory examination. Experience has taught every surgeon that trouble after cataract operations often dates from the moment of inspecting the injured eye, and can readily be accounted for in the sudden and extreme changes of light to which the sensitive eye is during a few minutes exposed. Up to this examination all had gone well, immediately after it all is excitement, and the patient, racked with agonizing pain, is fortunate if, after several days of torture, an eye with very indifferent vision is saved. Ample experience has proved the value of the above suggestions.

### CONGENITAL HERNIA.

By J. W. RIGGS, M.D.

THERE are many points of interest in connexion with the subject of hernia which will bear, if they do not demand, further discussion. It is indeed noteworthy, and well deserving of all the thought it seems destined to command—that this is the only disease known, of which it may be said that as regards its management there is no settled policy.

Not only is there great diversity of sentiment as to the means best adapted to its treatment, but when the disease occurs in infancy and in its simplest form, even the time when to institute measures for relief from this ever-existing and universal scourge, is found still to remain an open question with the medical profession. While many advocate recourse to mechanical supports immediately on the development of the malady, without regard to age—others, and apparently quite as many, urge delay in the use of all appliances of this nature, to different periods from birth varying from a few months to three or more years.

The question, then, which seems very naturally to claim precedence, and which it is proposed to consider here is—at what age during infancy is it proper to resort to the use of trusses?

In favor of their postponement in very young subjects, it is argued that, owing to the severity of trusses, children at this tender age cannot tolerate their use—and that, therefore, they are only admissible when after the lapse of months or of years perhaps, or, at some indefinite time in the future, the child's powers of endurance shall have become sufficiently augmented to wear them without suffering or inconvenience.

So also is it said (and truly too), that spontaneous cures not unfrequently occur—some even claiming that recoveries are scarcely less frequent when left entirely to nature than when submitted to the ordinary treatment.

It must be admitted that the foregoing arguments are not without meaning, nor at all wanting in apparent plausibility and force; and if the suffering so justly complained of is unavoidable, and if no greater measure of success is attainable by trusses than is here implied—then it may well be questioned whether their application should ever be encouraged during the earlier weeks or months of infancy, or perhaps at any time during the first years of childhood.

However this may be, we must advocate treatment in this disease at the moment of its development, regardless of the age at which it may occur—remark, in the first place, that *congenital hernia*—when not speedily cured or the parts are not suitably and effectually supported—is believed to predispose its victim ever after to a recurrence of the disease, or, if not to this, sometimes to certain other abnor-

mal conditions presently to be noticed, but not especially to be desired.

The professional reader knows that congenital hernia differs somewhat from ruptures occurring later in life, in that the protruding viscera, in the former, are contained within the tunica vaginalis, and are in direct contact with the testis. So far as treatment is concerned this distinction is of little or no importance—though it is deemed worthy of mention here, for the influence it is supposed rightly to claim in the settlement of the foregoing proposition.

All physicians are sufficiently aware also how this infirmity baffles treatment and persists for months and years, in defiance of every effort for relief; and in cases which have thus remained uncured most practitioners may have witnessed serous effusions within the delicate investment of the spermatic vessels, as a not unnatural result dependent upon its open and exposed condition whilst under treatment by the truss. This hydrocele of the cord is sometimes limited to a small cyst outside the abdominal ring, though oftener more diffused and extending into the inguinal canal.

Now when this watery tumor does thus reach into the hernial passage and keep it over-distended for years, or if only for months (it being usually mistaken for hernia and treated as such), one of its effects must inevitably be, sooner or later to invite a recurrence of the original malady. It is not denied that physicians would be very likely to detect the true character of such tumor, and at once and for ever dispose of it by a simple puncture. It will be borne in mind, however, that we are considering hernia *as it is*, and not as it *would be* under the care of the medical profession—where, like all other diseases, it properly belongs.

But hernia in infancy and childhood, is believed to predispose to a like condition in after life, *independently* of such complication with hydrocele; and it is deemed worthy of special notice, that when relapses do occur, as mentioned, in maturer years, they *always differ essentially from primary hernia*, and cannot be treated with the same reasonable hope of cure, or of entirely satisfactory results, as might be indulged if the disease had not previously existed in the same individual.

That consecutive rupture is less amenable to treatment, as alleged, is supposed to be owing to the hernial passage in these cases being more or less enlarged, especially throughout all its upper portion, as well as shortened also in its length, as a natural if not necessary consequence of the disease and its treatment, if any, early in life. At all events, the changed condition of the openings here alluded to is indisputable, and an examination will convince any surgeon of its universality in such cases; nor will it excite the surprise of any one who will give the subject a moment's thought, that so many of these cases bear a striking resemblance to (and are *practically*) direct hernia.

If in the *adult*, the canal is *always* dragged down more or less, and sometimes to its entire obliteration for want of suitable support, it is not difficult to account for the like phenomenon, and in an aggravated degree, where, during the tender ages of infancy and childhood, the disease exists either without treatment or is treated by strapping the truss upon the pubes (as is usual), thus simply obstructing the passage at its outlet without the slightest support of the canal itself. The pocket here formed by the action of the viscera upon the conjoined tendons of the internal oblique and transversalis muscles, it is rational to suppose, becomes the natural receptacle for the viscera, and by their habitual presence and influence, is ever after maintained.

Hence, under circumstances like these, to expect to find the inguinal canal well preserved in its entirety, or even in a state approximating to its normal condition, would be to look in vain for what is believed not to exist.

There is another complication or result of congenital hernia, not unworthy of notice, attributable, however, more to the *unskilful use* than to the *neglect* of remedial agents.

For the want of a single hint or word of advice from the

*proper source*, mothers and nurses having charge of ruptured children, take special pains, in obedience to instructions given them, to "put everything back" preparatory to the adjustment of a truss; and to their credit be it said, in these commendable efforts they are oftentimes eminently successful, even to the permanent lodgment of the testis itself fairly within the abdominal ring, or, perhaps, entirely within the belly. Now, whatever may be said of this unique though time-honored method of "plugging the hernial passage," it amounts at least to a contravention of nature's laws, and frustration of nature's designs, which at this day of growing conservatism in the healing art, will scarcely be sanctioned by the medical profession.

Moreover, the practising physician need not be told that when the gland does thus become fixed in the canal, it is treated, not now and then only, but *usually* and by no means strangely, as an ordinary bubonocoele; the victim being tortured by trusses oftentimes for years under this misapprehension, and until the error is discovered, or until the bruised and goaded member retires from the unnatural, protracted, and painful contest, as if for deliverance and repose, to a safe retreat entirely within the walls of the abdomen.

Nor does the history of congenital hernia with this complication always end with the disappearance of the testis in the manner just mentioned.

An interesting case in point here follows:—

"By the advice of a highly intelligent physician, Mr. D. applied in the summer of '58 for an operation for the radical cure of hernia which had then existed for nine years. Patient 38 years of age, medium size, well developed, healthy and vigorous, and for many years a sailor—was ruptured, and wore a truss in infancy. Some nine years prior to the above date, while exerting himself violently during a storm at sea, the tumor appeared suddenly in the right inguinal region, attended at the time and for some days thereafter with considerable suffering, for which the surgeon on board applied a truss; with the effect, however, to keep the thing only partially reduced, and with no immediate or any sensible relief. From this time on, he said he had bought a new truss every time he went on shore, having expended nearly all his earnings in pursuit of an instrument which he could wear with comfort, but without success. At length he abandoned the sea on account of his malady, and spent one year abroad under the care of an eminent surgeon and popular writer, who also applied several instruments with no better results; when the patient resumed his former life, continuing to change instruments from time to time as opportunity afforded, until the date first mentioned."

To the eye, as well as under manifestation, this case presented the usual characteristics of bubonocoele so strikingly (as they always do) that it is by no means strange that its true nature should be overlooked, even by the best surgeons, unless accustomed more than ordinarily to treating hernia. On inquiry, however, it was found that from first to last, the size of the tumor, as well as its situation, had been uniformly the same—that, though movable, and easily reduced, it always reappeared suddenly on the removal of the instrument, whether in the erect or horizontal posture. Pressure upon the part produced sensations identical with those caused by like pressure upon the testis of the opposite side, which, together with the absence of the gland in the scrotum, left no doubt as to the nature of the case.

He was advised, of course, to abandon all treatment, which he did, and resumed his seafaring life, performing all his duties without discomfort or inconvenience up to September last, (more than two years after all support had been removed), the tumor remaining the same.\* Several cases, not unlike the above in their general history, have been seen in the adult, and it is not at all uncommon to

find children and lads wearing trusses upon the pubes with the inguinal canal plugged by the testis.

But there is another argument in favor of early treatment in congenital rupture. It has been noticed doubtless, that owing to the greater susceptibility of children at this tender age, to all disturbing influences, ruptured infants are never well. Colic, and other derangements, are constant attendants upon this condition when the parts are not properly supported; and in very young infants, especially when otherwise delicate and feeble, as they frequently are. This additional infirmity must be regarded as a very serious drawback upon their health and prospects, and it is believed oftentimes cuts short their ever miserable and precarious existence.

Such are the arguments in favor of treating this disease as soon as discovered, regardless of age or of circumstances, and observations in the past are believed to have demonstrated the entire practicability of this policy. If there are cases now and then in which from any cause the truss cannot be made available for the purpose, there is believed to be none where a suitable bandage and compress cannot be so adjusted as to render the child for the time being more comfortable, as well as safer than it could be without adequate support.

Moreover, there is believed to be no good reason why young children should not always and invariably be cured of this malady, and that within a reasonably short space of time.

Finally, whatever differences of opinion there may be among the profession as relating to this disease, its management, etc., it will scarcely be denied that hernia, as now existing throughout Christendom, is a very different thing in all its aspects from what it would be under a different regime, and treated from its incipency with that discrimination and due regard to certain well defined laws and principles which are so justly deemed indispensable to the successful treatment of all other diseases and infirmities.

NEW YORK, 2 Barclay Street.

## PERSULPHATE OF IRON AS AN INTERNAL HÆMOSTATIC.

READ BEFORE THE SOCIETY FOR MEDICAL IMPROVEMENT AT THE LONG ISLAND COLLEGE HOSPITAL.

By ARNOLD HALLET, M.D.,

PHYSICIAN TO THE HOSPITAL.

THE object of this paper is to bring to notice the great superiority of the persulphate of iron over any other known hæmostatic agent, particularly as an internal remedy in passive hemorrhage from the lungs, stomach, or any other viscus.

A good deal has been written lately upon it as a local styptic, but I am unable to find that it has been much used as an internal remedy. My attention was first directed to it by Dr. Dudley, in a case of hæmatemesis, and from its prompt action in that case, I have been induced to prescribe it in a number of other instances, and thus far have not known it fail, in promptly arresting hemorrhage in any case.

To illustrate the good effects of its use, I will detail very briefly a few cases.

CASE I.—Mrs. S. æt. 22, of rather delicate constitution, habitually constipated, and suffering from indigestion, was attacked January 17, 1860, after syncope, with vomiting of a quantity of matter resembling coffee-grounds in appearance. Ice was ordered internally, with Warren's styptic every three hours, which controlled vomiting for about twenty-four hours, when she was again attacked with syncope, followed almost immediately by the same characteristic vomiting, with great prostration. Ordered sinapisms to the feet, as they were cold, and five grains of gallic acid every three hours. After this there was no more vomiting for about the same period, when she was again attacked, as in

\* Dr. Jas. E. Wood saw this case, and admitted him to the Wards of Bellevue Hospital, for some two weeks, and until he recovered from the effects of his truss, which had occasioned some suffering.



the previous instances; each time becoming more and more exhausted. To clear out the contents of the bowels ten grains of calomel were now administered, and the same remedies were continued, everything being taken icy cold. But it was all of no avail, the hemorrhage still continued, and finding that I should lose my patient, I suggested a consultation, which being acceded to, Dr. Dudley was called in. The case was diagnosticated as one of congestion of the stomach, consequent upon a deranged condition of the functions of the liver. I omitted to state that her evacuations were of the same black appearance. She was regular in her menstruation. Dr. Dudley suggested the sol. of the persulphate of iron, to be administered in fifteen drop doses every four hours, which immediately arrested all unfavorable symptoms, and there was no return of the vomiting after the first dose.

About two years previously, while in the country, after an attack of syncope, she had quite a free black dejection, which was repeated at short intervals, and without any other symptoms than those of prostration; she was taken to her bed, where she remained for some weeks, and from that time her health has been rather delicate, suffering constantly from indigestion. At present she is in a rather better state of health than usual, and has had no return of hemorrhage.

CASE 2.—On the 20th of last November I was called to see a child four years of age, in consultation with Dr. Barber. About three weeks previous it had an attack of scarlatina, and everything was going on well, when suddenly she was seized with hemoptysis. The usual remedies were prescribed, but they were of no avail, the child continuing to expectorate quite freely bright arterial blood, accompanied with a rapid sinking of its physical powers, and great dyspnoea. I suggested that four drops of the persulphate should be administered in water every three hours, which soon entirely controlled the hemorrhage, but the child died of exhaustion three days after. Soon after the first dose the respiration became easy and the cough rapidly subsided.

CASE 3.—Miss T., æt. 13 years, of vigorous health, was attacked with scarlatina on the 5th of last November. She passed nicely through the first stages of the disease, but about the 15th, when desquamation of the cuticle had commenced, observing a little puffiness about the eyes, I immediately examined her urine, which was very scanty, and resembled in appearance water-gruel. Upon boiling it was found to be highly albuminous. A brisk cathartic was administered, and cream of tartar water ordered to be drunk freely. Stimulating applications were applied to the region of the kidneys; on the 18th, three days after, her urine was a little more free, but, with the albumen, it contained a large quantity of blood. Skin hot and dry; tongue furred; pulse not much accelerated. Ordered spir. mindererus. 17th.—Water increasing in quantity, but no diminution of the amount of blood. Leeches were now applied over the region of the kidneys. 22d.—The quantity of urine excreted was about normal, albumen very much diminished in quantity, but the blood continued as free as ever. Ordered four grains of gallic acid every four hours, which was continued for three days—the bowels being kept open by an occasional dose of the comp. powder of jalap. 15th.—Albumen pretty much disappeared, but the blood still persisted. I now had recourse to the persulphate, and in twenty-four hours the blood had entirely disappeared from the urine; it was then omitted, but the next day there was almost as much blood as ever. A few more doses, however, soon controlled it, and there has been no return of it since. She is now, I am happy to say, convalescent. In administering the persulphate of iron care should be taken to have it largely diluted, and not to give too much at a time, as from its astringent effect upon the mucous coat of the stomach, it is apt to be immediately ejected. I would also state, that I have used it in profuse menstruation with a like happy result. I presume that it checks internal hemorrhage by exerting its astringent principle upon the capillaries, and also in hæmaturia, by correcting the alkaline

condition of the urine, which is said to excite bleeding by its irritating qualities. Inflammation should preclude its use, until it is overcome by appropriate remedies.

In Dr. Hamilton's patient, who was operated upon in this Hospital four days ago for vesico-vaginal fistula, profuse hemorrhage came on yesterday, from the bladder, so much so that quite large clots were expelled through the urethra, and the patient began to sink from loss of blood. I understand from Dr. Lynch, that all other means having failed to arrest the hemorrhage, recourse was had to the solution of the persulphate of iron internally, when the bleeding stopped. But whether "post hoc, ergo propter hoc," is true in this case, I am unable to say.

## AMPUTATION AT THE ANKLE JOINT.

By WILLIAM C. BENNETT, M.D.,

DANBURY, CONN.

Mrs. V.—, æt. 40, applied for advice concerning a disease of the foot. When a babe a portion of this foot was amputated for some disease, name unknown to her. It healed and continued well until about two years since, when it became again diseased, and she went under the "care" of a botanico-eclectic quack. When I saw her in October a large mass of unhealthy granulations occupied the site of the old cicatrix. Most of the bones of the foot were evidently diseased, the patient's health was failing, and with my father's assistance, I amputated the foot at the ankle joint. I had intended to leave a portion of the os calcis, as recommended by Pirogoff, but on cutting down so extensive was the disease, that I changed my plan and removed that also. Then came my trouble. The flap must be more or less cup-shaped, and blood and pus will accumulate there which is to be forced up by bandaging (quite tight bandaging it needs) over the granulating edges of the wound—in short, an abscess with the opening at the top. The bandaging pained the patient; the pus flowed over the granulating surface preventing cicatrization; besides it was almost impossible to apply a bandage there so as to prevent all the pus from following the law of gravitation. But in a few days more nature made a little opening in the depending part of the flap (which I, following authority, had been so careful to avoid). The pus ran down the hill instead of up; the wound cicatrized in a very short time, and the patient has an excellent stump, on which by a high shoe she can walk without difficulty.

## Reports of Hospitals.

### LONG ISLAND COLLEGE HOSPITAL.

DR. F. H. HAMILTON'S SURGICAL CLINIC.

MARCH 18, 1861.

[Reported by GEORGE H. MARVIN, Medical Student.]

*Fracture of the External Condyle of the Humerus—A Peculiar Displacement of the Fragment, rendering it necessary to Treat the Case with the Arm in a Straight Position—Splint Continued only Fifteen Days—Good Result.*

EDWARD SCANLON, æt. 6, fell, March 13, 1861, from a height of several feet, with his right arm underneath his body. He was brought to the hospital on the same day, when he was seen by Dr. Pease, House Surgeon, and Dr. Lynch. On examination, it was found that there was a fracture of the external condyle of the right humerus, extending into the articulation; the fore-arm considerably deflected to the radial side; crepitus distinct. On flexing the fore-arm to a right angle with the arm, the condyle was displaced outwards and backwards; but on straightening the arm it was made again easily to resume its place. This experiment

of flexion and extension was repeated several times, and always with the same result. The gentlemen, therefore, determined that it would be necessary to treat the arm in the extended position. Accordingly, a long straight splint, well padded, and of the width of the arm, was applied to the whole length of the palmar surface of the arm and forearm.

*Remarks.*—Gentlemen, to-day, which is the fifth day following the receipt of the injury, I find the fragment in place, and advise the continuance of the same splint. Benjamin Brodie, Sir Astley Cooper, and others have regarded fractures of the external condyle as exceedingly rare; while, on the contrary, Malgaigne speaks of it as common, and adds, that he has never seen an example of fracture of the internal condyle in the living subject. I find it difficult to explain this discrepancy of opinion, and especially since, in my own experience, there has been but little difference in the frequency of the two accidents; thus of thirty-four examples of fractures of the condyles in the living subject, eighteen were of the external, and sixteen of the internal condyle.

With regard to the cause of these accidents I would observe, that it is important here, as elsewhere in the diagnosis of fractures, to determine the manner in which the accident occurred; thus, a fall upon the palm of the hand usually breaks the radius near its lower end. Or if from the fall upon the hand, an injury has been received at the elbow-joint, it is usually a dislocation of the radius and ulna backwards; and it has never happened to me to see a fracture of either condyle of the humerus produced in this manner—the fractures of either condyle being always, or almost always, distinctly traceable to a direct blow. Such seems to be the fact in this case, the child having fallen apparently upon his elbow. The phenomenon observed by Drs. Pease and Lynch, viz. the backward displacement of the fragment, has been noticed by me twice before, once in the case of James Cronyn, æt. 6, presenting an example of the fracture of the external condyle, and reported at length at page 264 in my work on "Fractures and Dislocations," and again in the case of Henry Gilbert, æt. 5, with a fracture of the same condyle, and recorded in my report on "Deformities after Fractures," Vol. IX. of the *Transactions of the American Medical Association*, page 117, marked as case 62. In this last example it is mentioned that the "fragment was thrown *forwards* whenever the arm was flexed to a right angle," from which it was intended to be inferred that the upper extremity of this fragment was thrown forwards while the lower was thrown back.

The practical inference from these three cases is, that in certain examples of fracture of the external condyle, the forearm should be extended on the arm during the treatment, instead of being flexed, as is usually required.

In explanation of this phenomenon I remark, that it would seem to be due to the action of those muscles which arise from the ridge immediately above the condyle, and which extend to the wrist, and not to those which arise from the condyle itself; so that, when the arm is flexed, they are capable, by their contraction, to draw the head of the radius backwards, and consequently to displace the fragment, to which the head of the radius was attached, in the same direction.

I will direct the patient to be placed under the care of the House Surgeon, with instructions to remove the splint once daily, and while the hand is held firmly upon the fragment, to flex and extend the fore-arm gently so as to prevent ankylosis at the elbow-joint. Some surgeons have questioned the propriety of much splinting or bandaging, in the case of accidents about the elbow-joint, believing that there was more to be feared from ankylosis than from displacement of the fragments. Such was the opinion entertained by Mr. Grainger, who wrote, many years since, an excellent article on fractures of the epicondyle in the *Edinburgh Medical Journal*. According to Dr. Norris, the late Dr. John C. Warren, of Boston, entertained a similar opinion, and Malgaigne has expressed himself much in

the same way; and three cases of non-union, or of fibrous union of the condyles, which have come under my notice, might seem to confirm the same view, since even in these cases, notwithstanding that the fragments never became united by bone, but moved freely backwards and forwards in the motions of flexion and extension of the arm, yet the utility of the members was in no degree impaired; the powers of flexion and extension, pronation and supination, being as complete as before. Two of these were examples of fractures of the external condyle, and one of the internal. (See Dr. Hamilton's work on "Fractures and Dislocations," page 263.)

*March 28.*—Edward Scanlon was again brought before the class. The elbow has been moved every day since the occurrence of the accident. Until yesterday, Dr. Pease had noticed that the fragment always moved a little when the arm was flexed. This motion has now ceased, only a slight degree of rigidity remains at the elbow-joint. There is no apparent deformity, but as the arm is still a little swollen, it will not be possible to determine the question of deformity conclusively until this swelling has subsided. Splints are not to be reapplied, but the arm is to be flexed and extended every day as before.

## American Medical Times.

SATURDAY, APRIL 13, 1861.

### THE SABBATH QUESTION.

EUROPEAN travellers in this country are accustomed to remark the general observance of the Sabbath as a day of rest by the masses of the American people. So strikingly does this custom contrast with the prevailing habits of continental communities, that many have regarded it as a distinctive feature of our civilization. Of the truth of this observation there is no doubt. Although as a people we present a singular admixture of the European nations, every one being represented but in variable proportions, the social fabric of our civilization was firmly laid by a single and united class, exiled from these old communities. During the long interval of nearly two centuries which elapsed between the first settlement of the Protestant refugees in America, and the general emigration of all classes from the Old World, the principles upon which our civil as well as social institutions were established, became of vital importance, in the opinions of the people, to their very existence. To our Puritan forefathers are we indebted for many of our distinctive social peculiarities, and for none more directly than the civil as well as Christian Sabbath. The religious observance of this day by the entire community, was regarded of such consequence to the welfare, not only of the individual, but of the State, that government early took cognizance of it, and forbade, under severe penalties, the slightest infringement of its sacred obligations. Ludicrous as appear many of the civil restrictions thus imposed upon individuals, we cannot fail to recognise the deep and lasting impression which religious training, enforced and made obligatory by the sanction of the State, has made upon our social and civil condition. The observance of the Christian Sabbath, as a day of rest from all secular employments, and for the inculcation of religious truths, may be considered a fixed American custom.

The general emigration which took place from all European countries during the last quarter of a century, and converged to our shores, has concentrated, especially in large towns, a people educated to regard the Sabbath as at best a day to be devoted to recreation and amusement. They are intolerant of the restraint which government has imposed, and demand entire freedom in the pursuit of self-gratification.

Within the last two or three years the respective advocates of these two phases of social and civil custom have been arrayed against each other, but, as yet, the American idea of the Sabbath has prevailed in all the States where the question has been agitated. Laws have been enacted providing still stronger safeguards against Sabbath desecration than heretofore existed. The friends of the Sabbath in this city are organized under the name of the "New York Sabbath Committee," while the opposition have various organizations, the principal of which is the "Liquor Dealers' Association." During the present session of the Legislature of this State the latter party have made strenuous exertions to have the laws, suppressing the liquor traffic on Sunday repealed. The able minority report of the Committee on Cities and Villages, by Hon. L. C. Ball, opposing the repeal of such laws, is before us, and invites from us, as medical journalists, an expression of opinion as to the bearing of this controversy upon the public health.

It is true that the rigid practice of all the virtues in the Decalogue will not exempt one from disease in any form, but it is equally true that the strictly virtuous are not liable to a long catalogue of maladies which by preference attack the vicious. No one, we are persuaded, will deny that the laboring man who spends his Sabbath with scrupulous regard to its religious obligations, is less liable to those common vices which are the exciting causes of disease, than his neighbor who resorts to places of amusement. Holidays in general are acknowledged to be universally productive of vice and crime among the laboring classes. The source of the evil is not in relaxation from labor, but in the pursuit of those amusements which stimulate the passions, and in the indulgence in intoxicating beverages—the universal stimulus to vice. If these latter agencies were entirely withheld during holidays and Sundays, all observation shows that the amount of vice would be greatly diminished. We may cite facts from our police records which prove this point incontestably. From July 1857 to Dec. 1858 (seventy-six weeks) there was no restraint in this city upon the sale of liquors on the Sabbath, and the following is the comparison of arrests on Sundays and Tuesdays:—

	<i>Drunk.</i>	<i>And disorderly.</i>	<i>Miscellaneous.</i>	<i>Total.</i>
Sundays . . .	2,453	2,580	4,680	9,713
Tuesdays . . .	1,928	1,865	4,068	7,861
Excess on Sundays	525	715	612	1,852

During the five months from July 3 to Dec. 1, 1859, the liquor stores were closed on the Sabbath, and the following are the criminal statistics of the two last days:—

	<i>Intoxication.</i>	<i>Disorderly.</i>	<i>Assault and Battery.</i>	<i>All others.</i>	<i>Total Arrests.</i>
Tuesdays . . .	2,161	897	616	1,311	4,976
Sundays . . .	1,515	652	352	828	3,357
Excess on Tuesdays . . .	646	245	264	483	1,619

Thus it appears that when the liquor stores were open

there were twenty-five per cent. more arrests on Sundays than on Tuesdays; but when they were closed, the arrests were nearly fifty per cent. more on Tuesdays than on Sundays. Another fact of even greater importance is noticeable since the Sunday liquor traffic was suppressed, viz. a steady diminution in the ratio of arrests on both Sundays and Tuesdays is recorded.

What the effect of this universal drunkenness every seventh day must be upon the health of the laboring classes, no one will be at a loss to determine. Medical men, however, who are familiar with the habits of the poor, are cognizant of the fact that there is a large increase of sickness on Monday, the results of the previous day's dissipation. During the prevalence of epidemic diseases, the results of Sabbath dissipation are sometimes frightful. Cholera numbers its victims on Monday in a tenfold greater ratio than on any other day. The laboring man of generally good health is thus often unable to resume his employment for several days, even if he be not discharged by his employer, on account of his delinquencies. The miseries which are heaped upon a poor family by a Sunday debauch of the husband and father are thus often incalculable.

The proposition that the suppression of Sunday amusements, as theatrical performances, concerts, etc., is a measure tending to promote public health, will not be readily admitted as a necessity. There are many philanthropists who compassionate the laboring man in his incessant toil during the week, and desire to render the Sabbath not only a day of rest to him, but of recreation and diversion. It is true that a Sabbath spent in rural scenery, away from the excitements of the jostling city crowd, may be elevating, refining, and hallowing; but very different is the effect upon the *morale* of the individual, when the day is occupied with boisterous and exciting city amusements. These scenes are not conducive to rest, or even recreation, but they stimulate the passions and appetites, and lead to the wanton commission of offences. Sunday theatres, sacred concerts, etc., are the very hotbeds of vice in every city where they exist. Prostitution in its most attractive form and confidential manner here invites the unwary and unsuspecting. One who visited these resorts on Sunday in a neighboring city, says that in some he found the attendance of courtesans serving out lager beer to customers, and at the same time making their assignments with such as may be inclined thereto. The class of persons in attendance is thus given by another: "A large proportion of their guests are youth of both sexes; but there have been seen in many of them children of tender years, drinking their lager and sharing in their sports. Probably it would be no exaggeration to estimate the number of people gathered in these places on a single Sunday night at fifteen thousand; and the whole number of different persons patronizing them during some part of the Sabbath, at thirty thousand."

In view of the facts here briefly presented, it requires no argument to prove that liquor-selling and specious amusements on the Sabbath, tend not less to degrade public morals than to deteriorate public health. The necessity of reform had long been felt by many of our citizens. Grand-juries had also repeatedly directed attention to these fruitful sources of crime and disease, and called for the enforcement of the laws designed for their suppression. Stimulated by these appeals, and the request of citizens, the Police Commissioners at length began the work in earnest, and both liquor-selling and theatres have been suppressed



in this city during the past year. The result, as shown above, has been most salutary; the Sabbath is a day of the most perfect quiet; good order prevails everywhere; and Monday is no longer the day of the largest percentage of sickness. It is surprising that any one could be found who should petition our Legislature "to repeal an act to preserve the public peace and order on the first day of the week;" and it is truly astonishing that such petition should find a Legislative Committee willing to report favorably upon it. As medical men, we protest against the repeal of the laws designed to promote good order and sobriety on the Sabbath. Nearly every State in the Union throws around this day legal restrictions which prevent the disturbance of its hours of repose, and encourage the contemplation of moral subjects.

May the Legislature of this State heed the eloquent appeal of the minority report, which certainly meets the hearty approbation of every well disposed citizen:—"In view of the fact that the repeal of any portion of the laws in question would involve a departure from the legislative policy of this Commonwealth for more than two centuries; that it would contravene the known convictions of the great body of good citizens in all parts of the State, as it would be abhorrent to the moral sense of the entire Christian community; that it would encourage a spirit of lawlessness, immorality, and vice; that it would remove the barriers protecting the laboring poor from their tempters to drunkenness and folly; and that it would arrest the progress of reform in manners and morals which has inspired hope for the metropolis throughout the civilized world—we submit that the bill reported by the majority of the Committee ought not to pass."

#### THE WEEK.

On Friday evening, the 5th instant, PROF. BEDFORD delivered an eulogy on the late DR. FRANCIS, at the request of the New York Medical Society, before a large and intelligent audience, at Clinton Hall. The discourse was a truthful and eloquent portraiture of the character of this distinguished physician and scholar. The following paragraph presents in bold relief the leading characteristics of DR. FRANCIS:—

"Distinguished as a physician, chaste and classical as a scholar, our deceased friend was eminently good as a man; his heart was capacious, and full of the kindest feeling; he possessed, in a remarkable degree, some of the finest attributes which impart dignity and value to human character. If I were called upon to designate any one trait more conspicuous than another in his nature, I should say it was goodness of heart—a broad, unequivocal philanthropy, which caused him to cherish for his fellow-beings a true sympathy. To the poor he was a consistent friend; he assuaged their sufferings and mitigated their afflictions by no mean liberality. One of the elements of his happiness seemed to consist in doing good. There was nothing sordid in the character of DR. FRANCIS; to him the charm of wealth was the ability with which it enabled him to respond to the demands upon his private bounty. To the young physician commencing professional life, he always spoke in the voice of encouragement, and extended the hand of cordial friendship. To his peers in the profession, he was uniformly courteous and high-toned. In the sick-room, he was patient and kind; his very smile would reanimate the drooping spirits of the invalid, and kindle afresh new hopes of convalescence."

WE regret to find in the annual report of St. Luke's Hospital, the following unjust reflection upon the management of Bellevue Hospital. A patient, who had been a former inmate of St. Luke's, was returning for the purpose of paying his indebtedness:

"In the street, on his way hither, he fell senseless in a sudden access of his complaint; on recovery he found himself in Bellevue Hospital, and all his money gone. From there he wrote me an entreating letter, begging to be removed from a place 'where a Christian ought not to be left to die.' Once more in his old bed, sick as he was, the poor fellow declared he 'felt as if he had got to heaven'—the very expression which has been repeatedly used on occasions of like transfer."

It should be borne in mind that St. Luke's Hospital is a private charity, belonging to the Episcopal denomination, and averaging about seventy-five patients, while Bellevue is the great charity hospital of the city, receiving every class of sick paupers, and averaging nearly one thousand patients. If the management of our institutions is to be estimated by the prejudiced remarks of transferred patients from one to another, St. Luke's will not rank even above Bellevue; and if the rate of mortality, the more correct test, be the standard of comparison, it will take a much inferior position.

In the course of a forcible speech on the Metropolitan Health Bill, in the Assembly of this State, the HON. L. C. BALL made the following just remarks:

"It is this utter ignorance of sanitary science, and this indifference to the enormous loss of human life, in the present health department, that render a change, both in the construction of the department, and of the men who administer it, an imperative necessity. This change the bill now before the house proposes to make. This bill proposes to place the supervision of the public health in the hands of competent men of the medical and engineering professions. Is not this the most natural and appropriate disposition of the subject? Is there anything more proper than that the care of the public health should be intrusted to medical men? When we are attacked by sickness, we do not employ grocery dealers, saloon keepers, carpenters, or draymen, to drive away disease, and renovate the sinking powers of life. Why should we commit the public health to such ignorant and incompetent hands? A gentleman of large experience and eminent ability, writing from New York, says: 'I know of no city whose sanitary department is not under the administration of medical men, except New York, and there is none whose mortality is so large.' Wherever the health department has been placed in the hands of competent medical men, the happiest results have immediately followed; the amount of sickness has been diminished, disease lessened, and the bills of mortality very materially reduced."

THE New York Legislature has passed the following resolution:—

*"To Amend the Constitution so as to prohibit the sale of Intoxicating Liquors as a Beverage."*

*"Resolved (if the Assembly concur), that the Constitution of this State be amended as follows:*

*"The sale of intoxicating liquors, as a beverage, is hereby prohibited; and no law shall be enacted, or be in force, after the adoption of this amendment, to authorize such sale, and the Legislature shall by law prescribe the necessary fines and penalties for any violation of this provision."*

A second resolution provides for submitting the question of thus amending the constitution to the popular vote next fall.

The question of a second degree seems to have been practically settled at a Cold Water Establishment in this city a few days ago. The Hygieo-Therapeutic College makes no distinction of sex among its pupils, and, as might have been anticipated, the opportunities for forming permanent business partnerships have not passed unimproved. At its recent commencement the president conferred, in addition to the usual M.D., a second, or "Matrimonial Degree," upon a MR. MAXSON and Miss WILLIAMS. The second degree, only, is legally conferred by this institution.

## Obituary.

### EZRA JAMES FOUNTAIN, M.D.

It is with the most profound sorrow that we learn the death of this distinguished physician. The following note from his partner, Dr. JOHN M. ADLER, brought us the first authentic intelligence of the sad event:—

DAVENPORT, Iowa, April 1, 1861.

STEPHEN SMITH, M.D.:

DEAR SIR: It is my painful duty to announce to you the death of my worthy friend and partner, Dr. E. J. FOUNTAIN, a personal friend of your own, and contributor to your journal. This melancholy event occurred on Friday, March 29, at 4 o'clock P.M., after an illness of a week. I have also to inform you of the sad cause of this untoward event. On Friday, March 22, Dr. FOUNTAIN took, at a single dose, an ounce of chlorate of potash, with a view of verifying his belief in the perfect innocuousness of the medicine when administered in large doses. The most violent results ensued—the main and immediate effect being on the kidneys. Inflammation of the stomach and intestines followed. The action of the drug seemed to expend itself immediately on the kidneys, a copious diuresis having occurred through the 22d until 10 o'clock P.M. From 5 A.M. of the 23d until the time of his death there was no secretion whatever from the kidneys. Autopsy was made nineteen hours after his death, the results of which I have noted.

It is my purpose, as soon as the opportunity offers, after deliberating carefully over the history of the case, to publish in the MEDICAL TIMES a full account thereof, together with the results as observed at the post-mortem examination.

It was his particular request that I should do this, and he desired me to give to the profession a full and impartial statement of all the circumstances connected with the case.

Dr. FOUNTAIN was born in Westchester county, N. Y., 25th February, 1828. He was the son of Dr. JAMES FOUNTAIN, an old and highly esteemed physician of that county, and long a prominent member of the profession of the State. In 1847, at the age of 19, Dr. FOUNTAIN graduated at Princeton College, N. J., and in 1851 at the College of Physicians and Surgeons, N. Y. Soon after his graduation in medicine, he entered Bellevue Hospital, where he remained but a few months, having been appointed in the meantime Surgeon to the Panama Railroad. While on the Isthmus, he suffered from the hepatic affections prevalent among the northern residents of that climate, and returned home after an absence of a year or more. He soon after opened an office in this city, but his dislike to the constraints of city life led him to resume his duties again in the service of the Panama Company, as soon as his health was restored. He finally resigned his position in 1854. It was during his practice at this station that he first used chlorate of potash, and observed its happy effects in mercurial salivation. This was four years anterior to its employment by M. Herpin, by whom it is generally believed to have been first used in this affection. In the autumn of 1854 he left for the West, and subsequently located at Davenport, Iowa, in partnership with Dr. ADLER, his companion on the

Isthmus, and most intimate friend. His success in practice was very great, having within two or three years obtained a large and lucrative business. He subsequently married a lady of that city, whom he leaves to mourn his untimely fate. The profession will await with interest the detailed statement of his final illness, and all the circumstances connected with this extraordinary and fatal experiment.

To the effects of this remedy as a therapeutic agent he had given much attention, and from recent correspondence we had learned that he regarded it as almost absolutely harmless in large and repeated doses; he had used it in a variety of diseases, and with results that tended to strengthen constantly his faith in its remedial properties. His writings have given to this popular remedy new interest, and have contributed largely to extend its employment. Whatever may be the results of future experience in the employment of chlorate of potash, this much is certain, that it will ever hereafter be associated with the name and fame of this intrepid physician.

Dr. FOUNTAIN was a brilliant ornament of the medical profession. Possessed of an ardent temperament, a quick and almost intuitive perception, he brought to the investigation of abstruse medical subjects a power that overcame the most formidable obstacles. No barrier which human ingenuity could remove was allowed to obstruct his progress. This feature of his character is illustrated in the mode of his death, and the final request that this fatal experiment should serve the interests of the profession, for whose advancement he has sacrificed his life. He had the highest sense of professional honor, and made the most laudable exertions to maintain the purity of local organizations. His zeal in behalf of legitimate medicine may have rendered his efforts indiscreet; but no one can fail to admire that keen sense of right actions which animated his every effort.

Dr. FOUNTAIN was a warm friend, as thousands who will mourn his early death can attest; he was a public-spirited citizen, who had a generous pride in the growth and prosperity of his adopted city. His domestic affections were strong, being a warm-hearted son, and a devoted husband and father.

Dr. FOUNTAIN died at the early age of thirty-two, and yet he was widely known to the profession, both at home and abroad, by his writings. It is not often that a medical man attains to so wide a reputation at that age. This is the more remarkable, when we remark the rather unsettled life which he at first led, and the exacting practice which occupied the latter years of his life. With the enumeration of the papers which he published, so far as we can recall them, we shall leave to Dr. ADLER the task of completing the hasty and imperfect obituary sketch which we have made:

*Two Cases of Dislocation of the Femur Reduced by Manipulation*—*New York Journal of Medicine*, Jan. 1856; *Death and almost entire Absorption of a Fetus of Six Months' Development*—*New York Journal of Medicine*; *Gangrene of the Lung, resulting from a Foreign Substance lodged in the Right Bronchial Tube, and terminating in Empyema, and Perforation through the Diaphragm and into the Colon, final Expulsion of the Body and Recovery of the Patient*—*North Am. Med. Clin. Rev.*, Sept. 1859; *Treatment of Stomatitis Materna by the Syrup of the Phosphates*—*North Am. Med. Clin. Rev.*, Jan. 1860; *The Medical Properties and Therapeutic Effects of the Chlorate of Potash, including the History of a Remarkable Case of Hæmatothorax, Successfully Treated by this Remedy*—*N. Y. Jour. of Med.*, July 1860; *Treatment of Phthisis by the Chlorate of Potash, with Observations on Oxygen and Ozone as Therapeutic Agents* (read before the Am. Med. Assoc., June, 1860)—*Am. Med. Monthly*, Sept. 1860; *A Rare Form of Fracture of the Lower Jaw, involving both Neck and Body, treated by a Novel Method*—*N. Y. Jour. of Med.*, Jan. 1860; *Pathology of Albuminuria*—*Med. and Surg. Reporter*, 1861; *Placenta Prævia; Treatment by the Caoutchouc Water Pessary*—*Am. Med. Times*, March 9, 1861.

## Progress of Medical Science.

Dr. B. F. Barker has a paper in the American Medical Monthly for January, on "An effort to shorten the duration, and diminish the pain of the first stage of labor." The treatment is to give belladonna, commencing about two weeks before the end of gestation, and continuing until the constitutional effects are slightly exhibited, when the dose is somewhat diminished. One hundred and forty-seven cases are recorded.

**New Alkaloid of Opium.**—Dr. Wittstein claims to have discovered a new alkaloid in opium, which he has named metamorphia. This makes the ninth alkaloid obtained from that drug.

**Bite of the Rattlesnake.**—The *Euphorbia prostrata* is said to be an antidote to the poison of the rattlesnake. Its virtues reside in the juice of the stem, root, and leaves, extracted by bruising and diluted with water. Dr. Irwin, U. S. A., has experimented to a considerable extent upon animals, and considers it an invaluable specific.—See *Am. Jour. of Med. Sciences*.

**Aneurism.**—Six new cases of aneurism treated by digital compression, are quoted in the *American Medico-Chirurgical Review* for January, three being traumatic, affecting the palm of the hand, two popliteal, and one aneurismal enlargement of the thyroid gland.

**Digital Compression** need not necessarily be restricted to the treatment of aneurism and inflammation of the extremities, but is equally applicable to hemorrhage even from large arteries. A man, aged thirty-seven, received a blow upon the right arm, wounding the brachial artery, was taken to the Saumer Hospital, when digital compression was resorted to and continued uninterruptedly for sixteen hours. At the end of forty-eight hours the hemorrhage had entirely ceased.—*Gazette Medicale de Paris*.

The same journal quotes five cases of epilepsy treated by the fresh juice of the cotyledon umbilicus.

**Alcohol.**—The average annual product of alcohol in the United States is said to be one hundred and eighty-four thousand barrels, worth over seven millions of dollars.—*Proc. Am. Pharma. Association*.

**Hernia.**—Two cases of strangulated hernia are reported in the *Lond. Med. Review for Jan.*, both somewhat interesting and instructive. In the first case, the patient, after eating a large quantity of pickles, complained of pain in the abdomen with constipation, followed by vomiting and severe cramps in the lower extremities, for which he was treated with turpentine stupes, cathartics, morphia, enema, all without affording relief. Poisoning by copper in the pickles was then suspected, but upon applying tests no poison was found. The patient died on the second day, when upon making the autopsy the attendant found a large hernial tumor in the left groin, and was informed, too late, that the man had had double rupture for many years, which, however, had caused him no inconvenience. The second was a case of femoral hernia which after being treated as colic without relief, was subjected to a more critical examination, and though no swelling was perceptible, careful manipulation detected a small, hard tumor, which appeared to be within the crural canal. This was relieved by an operation after the taxis had failed, and the patient rapidly recovered. Both these cases teach us the necessity of extreme care in our examination when hernia may be in the least suspected, as in all cases of vomiting and constipation. In one the tumor was small, not answering the description usually given, entirely unsuspected by the patient, yet was detected by the skill of the medical man, and life saved. In the other, "the hernia went up and came down for years, yet was not thought worthy of notice by the unfortunate man, while the pickles kept the practitioner from seeking for the real origo mali."

**Ringworm.**—The *Med. Times and Gaz.* contains a clinical

report on True Ringworm by JONATHAN HUTCHINSON, Assistant Surgeon to the London Hospital, &c., in which he reports forty-nine cases having occurred under his observation, and arrives at the following conclusions: "1. True ringworm, or tinea tonsurans, may be defined as a disease affecting either the scalp or the general surface, in which circular patches are formed, on which the hairs break off short, and a slight, branny desquamation is seen, both hairs and epidermic scales exhibiting under the microscope the sporules and thalli of a fungus. 2. Ringworm in the scalp is rarely seen excepting in children; but on the general surface is not very unfrequent in young adults. 3. It is contagious, and spreads by contagion only. 4. It is not attended by any peculiar form of dyscrasia, but on the contrary, often attacks children in perfect health. 5. It is much more easily curable on the general surface than on the scalp, owing to the circumstance that in the latter situation the fungus has obtained access to the follicles of the hairs. 6. Being a purely local disease, ringworm does not require, *per se*, any constitutional treatment. 7. A purely local treatment, if efficiently pursued, is always, and rapidly successful. 8. Epilation, and the use of one or other of the known parasitocides, are the measures of treatment required. 9. There is no real difference between ringworm on the scalp, and ringworm on the general surface. 10. Ringworm, although not unfrequently forming minute vesicles, has no true analogy with herpes."

**Iodide of Potassium in Chronic Ophthalmia.**—HAMILTON LABATT reports in the *Dublin Medical Press* some very protracted and obstinate cases of chronic ophthalmia, chiefly of a strumous type, successfully treated with the iodide of potassium. To an adult who had suffered for upwards of six years, and whose "case presented all the characteristic features of that tedious and intractable form of chronic ophthalmia with which every experienced surgeon must be familiar," he gave an ounce of the iodide of potassium mixture (℞ij ad ℥viij) three times daily, and water fomentations, as hot as could be borne, to be used at bed-time. After a steady perseverance in this treatment the improvement was so decided that he brought four of his children laboring under the same disease, to seek relief. In these cases the iodide was the only remedy used, the doses being in proportion to their ages. Though the improvement was not so prompt as in the father, after a few weeks there was a marked amelioration, which gradually progressed to the time of writing, when the father and one child are reported well, the other children nearly well.

**Gallic Acid.**—In the *Dublin Hospital Gazette* Dr. W. FRAZER publishes some therapeutic notes in which he mentions the effects of Gallic acid in diminishing the expectoration. He frequently prescribes it with a fair amount of success, for the purpose of controlling the exhausting pulmonary discharge in cases of phthisis. He has sometimes noticed the expectoration to acquire a deep black or ink-blue, traceable to the use of the drug.

**Tannin and Morphia.**—He substitutes an ointment composed of tannin and morphia for the ordinary "gall ointment with opium," in the treatment of hemorrhoids. He was led to this from observing that the powdered opium is always so gritty as to form a painful application to the inflamed part, for which he substitutes from ten to thirty grains of tannin, from one to five grains of either the acetate or muriate of morphia to one ounce of lard on spermaceti ointment.

**MEDICAL COLLEGE OF VIRGINIA.**—The annual commencement of this College was held on Tuesday, March 5. Prof. Gibson conferred the degree of M.D. upon fifty-nine graduates. Prof. McLean addressed the students and announced the successful competitions for the prizes of \$50 each, for the best Medical and Surgical Essay; the first being awarded to Dr. Josiah H. White, for his Essay on Malarious Diseases, and the second to Dr. Mason D. Elsey, for his Essay on Tetanus. Professor Conway delivered the Valedictory to the graduates.



## Reports of Societies.

### NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, Feb. 27, 1861.

DR. A. C. POST, PRESIDENT.

DIASTASIS OF THE LOWER EPIPHYSIS OF THE LEFT FEMUR. SINGULAR DEFORMITY OF THE EXTREMITY. TOTAL EXCISION OF THE KNEE-JOINT; RESTORATION OF THE LEG TO USEFULNESS.

DR. LOUIS BAUER presented a specimen illustrating the above points, and gave the following account of the case:—The patient, Francis Shaw, a healthy and robust looking lad, fourteen years of age, was sent in October last to the clinic of the Brooklyn Medical and Surgical Institute, for the purpose of ascertaining whether any, and what kind of mechanical appliance could be suggested to render his left leg in any degree better fitted for the purpose of locomotion. The singular deformity presented by the applicant enlisted my interest to such a degree as to have both his likeness and cast taken, which I herewith lay before the society that his former appearance may be realized. We learned from the patient, that at the age of seven years he was struck by another boy in the left knee with a piece of iron rod, and that instantaneously his extremity was rendered useless. A physician who soon after visited him, pronounced the injury a simple sprain, and advised rest and cold applications. Pain and swelling having gradually subsided, at the end of the third week the boy began to walk. From that period the deformity dates, and since then steadily grew to the extent it presented when first examined by me. In walking, the appearance of the patient was very awkward, the body being thrown forward and to the left, so much so, that the knee almost touched the ground. In standing, the left extremity, in consequence of the mal-position of the leg, was three inches shorter than the right, and by throwing the whole weight of the body on the affected side, the shortness would be increased some inches. When placed on the table the conditions of the leg were recorded as follows: extremity slightly attenuated, but of the ordinary temperature; the left thigh so much adducted as almost to touch the right knee; the leg articulated with the thigh at an angle of about 45°; foot somewhat oedematous. The knee-joint is very loose, so that the tibia can be slid laterally and rotated, turning the toes in or out at pleasure. The limb cannot be straightened, but the lateral angle increased to 90° nearly. In addition to the lateral deformity, there is a slight posterior inclination. The ordinary position is such, that the calf occupies the inner and the tibia the outer surface, the toes being greatly everted. Whilst the vertical flexion at the knee is greatly constrained, the foot moves freely. The knee-joint presents a very peculiar shape, from the fact that the internal condyle of the femur protrudes greatly downwards and inwards, without being in contact with the corresponding articular surface of the tibia, the margin of which can be felt at the base of the former. The external condyle is entirely absent, and hence an oblique surface is formed on which the tibia articulates. The external articulating surface of the tibia consequently projects beyond the smaller articulating surface of the femur. The patella is thrown out of place, and with it, the quadriceps muscle has shifted externally. The popliteal artery can be felt pursuing an angular course, in conformity with the position of the leg. The tendons of the adductors and flexo-adductors are dislocated behind the internal condyle, but none of the muscles are contracted.

This is substantially the condition which the knee-joint presented, and Figure 1 will afford an approximate idea of the deformity.

As to the cause and nature of the deformity, we were in serious doubt. The theory of a fracture of the external

condyle suggested itself very strongly, but it could not account for the perfect absence of the external and the material increase of the internal condyle. Again, the fact



that the attending surgeon, at the time of the accident, had failed to recognise the fracture, together with the statement of the parent, that there was no noticeable deformity before the patient commenced walking, seemed to oppose the idea of a fracture. Besides, diastasis of the epiphysis of the femur was much more likely to occur than fracture at that tender age, more especially as the injury had been inflicted with considerable violence on the parts themselves. It must be confessed that we were anything but certain as to the actual cause of the difficulty, although there could be no doubt as to its dependence on the received injury.

As regards relief by mechanical appliances, we gave no encouragement, for no appliances of this character would have been practicable. In that condition the limb was utterly useless. The boy could neither stand upon it with sufficient firmness to prosecute any work, nor walk upon it for any length of time without great inconvenience and pain. Two ways presented themselves to render it a comparatively useful member, namely, amputation at the knee-joint, with the subsequent application of an artificial leg, or total excision. We had no hesitation to recommend the latter as preferable. The patient was healthy at the time and obviously of good constitution; the bones and soft parts to be operated on were not diseased; therefore, if any case was qualified for that operation and promised a satisfactory result, it was obviously the present one. This all seemed to be plain enough, and yet different views must have prevailed with other surgeons to whom the case had been presented prior to the time of my taking charge of it. Whatever may have been the opinions of these gentlemen, and how much deference we were inclined to yield to their superior experience and judgment, we could conceive no contra-indication to ex-section, nor did any alternative offer itself to my mind.

The operation was therefore performed on the 9th of October last, quite a number of prominent medical gentlemen being present. We do not wish to trespass upon the valuable time of the society by going into the details of the operation, which presented nothing to interest your atten-

tion, and which perhaps, is not a legitimate subject at this place. Suffice it to say, that we preferred to remove the patella and all the serous membranes as far as practicable; a part of the wound healing by first intention, and the rest very kindly by granulation; the strength of the patient bearing up firmly all the while. A fistulous track from the external angle of the wound towards the supra-patellary bursa required dividing, and this was the only untoward circumstance that happened during the whole treatment. At the end of the eighth week, the patient got up,



when Figure 2 was taken. The knee-joint, although the wound had by this time almost entirely closed, was still enlarged.

On the 19th inst. (February), the boy was again exhibited at the clinic, when he presented the same conditions which the society may now observe, and which may also be perceived in the daguerreotype No. 3 (Fig. 2,) and in the second plaster cast. His left leg is about two inches shorter than the other, is slightly flexible, denoting union by firm and short fibrous tissues. The leg is firm and straight and a most useful member, bearing the weight of the patient in standing and walking *without* the aid of crutches or a cane. The wound has firmly closed, and all pains and inconvenience have entirely subsided.

What will, however, interest the society most, is the specimen that has been removed and now exhibited, namely, the epiphysis of the femur and tibia, and the patella. The two former have been fastened together with wire, in the relative positions they were found to occupy. You perceive still the intermediate cartilage between the shaft and epiphysis of the femur; its continuation through the internal condyle is, however, already ossified. In holding the fragment in its proper position, you also note that this cartilaginous line forms with the axis of the femur a very acute angle, and you will miss the external condyle, while the internal one is greatly enlarged, overlapping the articulation to such an extent as to form no part of it. The remaining parts of the joint are in their full integrity, save being shaped to meet the altered position. This is particularly noticeable at the patella, which is uneven on its posterior surface, and the inter-condyloid fossa of the femur is spread, so to speak. The articular surface of the

tibia is much more convex than we usually find it, and this accounts for the ready shifting and sliding of the surfaces.

With this preparation before us, we will have no difficulty, doubtless, in determining the nature of the injury and the ensuing deformity. It seems to me that this case was one of diastasis of the lower epiphysis of the femur. The fact that the fragment retained its place, and that careful motion did not produce deformity nor crepitus, induced the attending surgeon to pronounce it a simple contusion. Had the patient observed rest for a sufficient length of time to secure union of sufficient strength, there can be but little doubt as to a good termination. But the boy commenced to walk before union could have been established, and bearing his weight on the injured bone, the fragment gradually slid from the horizontal position into one almost vertical with the shaft of the femur, and a corresponding mal-position of the leg ensued. Thus the joint, with all its parts, turned laterally, its transverse diameter forming, with the axis of the femur, an oblique instead of a right angle. What seems to be at first glance the lower circumference of the internal condyle of the femur, is, in fact, the internal surface. The external condyle has disappeared by absorption.

## Correspondence.

### TREATMENT OF REFLEX PARAPLEGIA.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—In your issue of March 30, I notice M. Gonzalez Echeverria, M.D., prescribes belladonna and ergot of rye in two cases of reflex paraplegia, one from stricture of the urethra; the other from the same affection and cystitis of the neck. Now, inasmuch as he quotes or refers to the researches of Dr. Brown-Séguard, he will, I presume, allow a criticism on his treatment with the above-named remedies, by a comparison of it with the instructions of the latter gentleman, as they come to me in *Braithwaite's Retrospect*, part 42, page 29.

It is there represented that Dr. Brown-Séguard affirms that there are two classes of remedies applicable to paraplegia, aside from those which, in the reflex kind, have reference to the relief of the external or exciting cause.

1. Those which diminish the amount of blood in the spinal cord, as mercury, ergot of rye, and belladonna.

2. Those which increase the amount of blood in the spinal cord, as strychnine and brucine.

In close connexion with his remarks on this classification, he says, "Reflex paraplegia, as pointed out by its whole history given in this lecture, is accompanied, and most likely produced by an insufficiency of the amount of blood in the spinal cord; it ought not, therefore, to be treated by those remedies which diminish the quantity of this fluid in the spinal nervous centre." Again, he says, in his rules of treatment—

3. "Have the spine placed much lower than the head, the arms and the legs, when the patient is lying in bed, so as to increase the amount of blood in the spinal cord."

4. "Employ those remedies that have the power of augmenting the vital properties of the spinal cord, in increasing the amount of blood in this nervous centre."

To me, it is very clear, from the above extracts, that Dr. Brown-Séguard would discard the use of belladonna and ergot in reflex paraplegia; among which he mentions cases related by Dr. Hutton, and by Leroy d'Etiolles, jun., which were referable to the same cause, viz. stricture of the urethra due to gonorrhoea. My object in writing is to call attention to this discrepancy, hoping thereby to induce further remarks on this most interesting subject.

Yours, &c.

SAMUEL PETERS, M.D.

CRESCENT, N. Y., April 2, 1861.

## NEW CAUSTIC-HOLDER.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—I send you the following description of a new caustic-holder, in the belief that it possesses very decided advantages over any other instrument of the kind heretofore used.

The three requisites for a good caustic-holder are: First—Indestructibility. Second—Facility of charging; and Third—Protection of the caustic when not in use or when being carried.

Although many patterns have been made, I have hitherto found none to answer *any one* of these conditions. I think, however, that the instrument which is figured in the margin will fulfil all of them.

I. The tube is of hard rubber, with a screw-thread cut in the bore, to give a rough hold on the caustic. II. The caustic need not be handled at all, but if lying on the table, by simply pressing the forceps open the stick of caustic can be picked up or dropped without contact of the fingers. III. The tube is sufficiently long to form a sheath, closed at the lower end; for by holding the instrument erect and slightly opening the blades, the caustic drops into its case, and upon reversing the holder and opening it with its end an inch or so from the table, the caustic again drops out as far as is required.

Messrs. Tiemann & Co., and Messrs. Otto & Reynders, are both manufacturing my holder, which I trust may be found of use to my professional brethren.

F. S. EDWARDS, M.D.

No. 154 West Twenty-first street,  
April 1, 1861.

## INHALATION OF NITRATE OF SILVER.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR—At a time when laryngoscopic investigations seem to be somewhat the order of the day, we may with propriety be engaged in inquiring into the best methods of applying our remedies in the same direction. It is with this view that I again contribute to your journal the result of my experience and investigations in applying nitrate of silver to the larynx, trachea, and bronchial tubes. For some ten years now, I have in my own case of chronic bronchitis, and in my practice, given successively thorough trials of the probang, the caustic pulverizer, the quill, reed, glass, and tin tubes. My last experiment resulted in the plan which I submitted to your publication a few weeks ago. With the small tubes, whether used with the powder placed closely in contact with their ends, or placed within their orifices or in the state of floating particles, I found that the powder was forced in a too direct and concentrated condition to pass freely down the trachea. Obeying the law of centrifugal force and the necessity of condensation by their limited diameter, the greater portion of it was arrested in the region of the back part of the pharynx, and this too in the exact ratio of the contiguity of the tube with the epiglottis and the force of the inspiration.

With the caustic pulverizer I found the inconvenience of sprinkling the whole mouth, while but a small portion entered the trachea, and I feared that too large a particle

might be thrown off from the brittle pencil to admit of safe inhalation, notwithstanding we are told that "some of our prominent (?) men have recommended *one drachm* of nitrate of silver in solution to be injected into the lungs." To obviate the above difficulties, I conceived the method of placing the powder in a pint-glass stoppered jar, generally of the *strength* of one part of nitrate of silver to two of sugar of milk, and in the *quantity* of not over two or three drachms of the triturated powder—of agitating this in order to secure floating particles and of inhaling through a glass tube of an inch in diameter. Now it may be asked why I employed so large a jar? Simply to obtain space and atmosphere enough to secure a nebula of the finest and most vapory particles of the powder; the whole nebula in a pint or quart jar not weighing, in my estimation, more than from two to four grains. I employed so large a tube, both to prevent, in the act of inspiration, a concentration of the particles, and also by its size to depress the tongue and so insure a more open space for passage. With these simple implements, and training myself to gentle inspirations in order to avoid centrifugal force, I succeeded in passing the attenuated powder freely into the subdivisions of the bronchi, and the proof that I did so succeed, were the unmistakable sensations.

In the MEDICAL TIMES of March 23d, I noticed that Dr. Fetter, in reply to some of my restrictions upon a method which he employs, retorts with a fling of derision. In reply, I have simply to say that my remarks were founded upon my own individual experience, and they were given as such; a foundation upon which he does not base his criticisms in reference to my method. His ironical and uncalled for enlargement upon the term "*heap*," his positive asseveration that the powder cannot pass in a too concentrated body through his tube; his directions to place the tube as near as possible to the epiglottis, to make a strong inhalation; and the assurance that in the experiment upon himself every particle of the powder passed into the trachea, were statements which, though doubtless sincerely made, are not in accordance with the laws of natural philosophy, with anatomy, or physiology. Placing a tube as near as possible to the epiglottis will certainly ensure a contiguity of not over a half inch from the back part of the pharynx, while its distance from the entrance of the larynx must be over an inch. The "*heap*" of powder has but a small chance, therefore, of being scattered into a very attenuated powder, and the impetus under *strong inhalation*, must lodge a large portion upon the parts leading to the oesophagus; sufficient at least to bring on an effort of vomiting, as in Dr. F.'s case. If I am not much mistaken, it is pharyngeal irritation which would bring on the reflex phenomenon of vomiting, and not laryngeal.

But without further discussion and theorizing upon a matter which can be so easily settled by actual trial, I shall here let the matter rest; holding myself in readiness to submit our respective methods to the investigation and candid judgment of the disinterested medical public.

Yours, &amp;c.

W. H. STUDLEY, M.D.

56th Street, YORKVILLE.

## CHLOROFORM—A SUGGESTION AS TO THE CAUSE OF FATAL RESULTS FROM ITS INHALATION.

[To the Editor of the AMERICAN MEDICAL TIMES.]

THERE has been much discussion of late upon the fatality caused by the inhalation of chloroform. We know several surgeons who will not use it under any circumstances. Within the last year we have met with three peculiar cases in which the patient seemed upon the point of suffocation. In the first of these a large spoon was near, which was seized and thrust into the mouth, and two fingers thrust over it to the throat. The depression and bringing forward of the tongue by this means caused an instantaneous gasp, and breathing was resumed. The other two cases were similar, the tongue being thrown back, closing the



epiglottis; relief was given in the manner before described. While in Albany, a short time since, these cases were mentioned to Dr. Swinburne of that city. He said that not only had he arrived at the same conclusion, that death from inhalation of chloroform was in most instances caused by suffocation, owing to the tongue falling back and preventing air from entering the lungs, but that he had performed experiments upon dogs, and demonstrated it to be a fact. To one dog he had given one and three-quarter pounds of chloroform, and several times during its inhalation, respiration ceased, but was recommenced by drawing the tongue forward. He said that respirations did not cease if steadily administered for a length of time, when the tongue was kept well forward. It is only necessary to mention the fact; if a discussion were necessary upon the subject, we can give our theory and support it by the result of the published autopsies. Yours, &c.,

SAML. R. PERCY, M.D.

### FOREIGN CORRESPONDENCE.

[Letter from DAVID P. SMITH, M.D.]

EDINBURGH.

THE post-mortem appearances furnished by the case reported by me as having been recently operated upon for varicose aneurism of the side of the neck, were exhibited by Mr. Syme. He stated that he operated under the impression that it was varicose aneurism; that during the progress of the case it had seemed more like aneurism by anastomosis, and that the post-mortem appearances showed a highly arterial aneurism by anastomosis, consisting of very many arterial twigs, derived principally from the lingual and facial arteries, opening into venous sacs, by orifices visible to the naked eye. The man died from effusion into the serous cavities. An exostosis of the great toe was removed by excision, and not by amputation.

Several cases of frost bite were exhibited. Mr. Syme exhibiting a decided preference for simple warm water dressings. A large fatty tumor was removed from the posterior fold of the axilla, as also a small subcutaneous fibrous tumor from the forearm.

8th January.—Prof. Laycock gave a very able résumé of the treatment of gout. He had used cod-liver oil in strumous gout with very great benefit, long before its employment in phthisis. For chronic gout this sometimes acts like a charm:—

R. Acetous Ext. Colchicum, gr.  $\frac{1}{2}$

Blue pill, gr.  $\frac{1}{2}$

Sulphate of Iron, gr.  $\frac{1}{2}$  to  $\frac{1}{4}$ .

To be taken twice or thrice daily; or a small dose of strychnine may be substituted for the sulphate of iron. He considers that colchicum is often given in too large doses, which, producing purging, do not exercise any specific effect upon the disease. Two or three grains of iodide of potassium may be given once a day, while using the above pill. He doubts the propriety of irritating applications to gouty joints, believing, as he does, that they often of themselves cause morbid effusions and deposits. He has seen blisters that were applied to a perfectly healthy knee-joint, under the impression that the pain there existing, and which arose from morbus coxarius, was caused by disease of the knee; he had seen a healthy knee-joint thus treated become enlarged, by deposit around, and effusion into the joint.

PROF. SIMPSON remarked to-day, while extolling the sometimes wonderful effects of chloroform in relaxing a rigid os uteri, that shortly after chloroform was discovered, while in Stuttgart, he was asked by M. Sedillot to give chloroform to a man who had a dislocation of the shoulder, of long standing. It had resisted the most vigorous attempts at reduction. After much difficulty Prof. S. succeeded in chloroforming him profoundly, when Sedillot merely touching the arm, the bone was reduced, amidst the plaudits of the students.

January 10th.—PROF. SYME exhibited a leg that he had removed from a man for severe compound fracture. The

accident occurred six weeks ago, and profuse suppuration was wearing out the man. The specimen was shown on account of its being a good example of necrosis of the whole thickness of the tibia, thereby rendering amputation imperative. Prof. S. related a case where, many years ago, being called to a gentleman with severe compound fracture of tibia and protrusion of end of the bone through the skin into the ground, he had sawn off the protruding splintered and nude bone. In consequence of this removal of bone, osseous union never took place, and amputation was necessitated. A specimen was also shown of the leg bones removed from a young lad, where nearly all the tibia had perished without any reproduction of bone. Where there is but one bone, of course much shortening from death of osseous tissues can take place without great impairment of function. Perineal section was now performed upon a patient who was admitted into the hospital some time ago, with great extravasation of urine. Free incisions evacuated the urine from the cellular tissue in time to prevent sloughing. Although constant attempts had been perseveringly made to restore the urethra to its normal size, if the use of bougies was interrupted for a few days, the stricture became as bad as ever. An incision made in the scrotum at the time of his first admission had never healed, and furnished an exit for about one-half of the urine. Under these circumstances perineal section was considered advisable, and to-day performed. It will be interesting to watch the issue of the case. A case of morbus coxarius was shown, the same that was spoken of by me some time ago, as having the knee-joint straightened under chloroform, in which diseased action seems to have entirely ceased. In fact, Prof. Syme said that the two months' confinement in the long splint seemed to have eradicated the disease. Prof. S. remarked, that even after the occurrence of suppuration he considered rest, absolute rest of all the joints of the lower extremity, as competent to a cure. He said he had seen a case where a celebrated London surgeon had been so misled by the great contraction of muscles around a diseased hip, as to consider the contraction the primary disease, and to divide the muscles for the relief of the trouble, when all the disease was in the hip, lying perdu.

## Medical News.

### MARRIAGE.

SMITH—STOKES—In Philadelphia, April 4, by the Rev. Joseph Walker, Jerome C. Smith, M.D., of New York, to Miss Sallie R. P. Stokes, daughter of Charles Stokes, Esq.

DEATH OF SIR WILLIAM PYM.—This eminent physician died on the 15th of March, aged 85. He was the son of Mr. Joseph Pym, a descendant of John Pym, temp. Charles I. He was the author of a treatise on yellow fever. At the last meeting of the Academy of Medicine, the subject of Morbus Coxarius was introduced by Dr. Post, in an elaborate review of its pathology and treatment. The discussion was continued by Dr. Bauer, of Brooklyn, Dr. Watson, Dr. Sayre, and others. The meeting was largely attended, and great interest manifested in the discussion.

THURBER MEDICAL ASSOCIATION.—This is the title of a Medical Society, says the *Berkshire Medical Journal*, composed of medical gentlemen living in and around Milford, in a small portion of Worcester, Middlesex, and Norfolk counties, Mass. It consists of twenty-two physicians, from twelve towns. It holds monthly meetings, at which it is the duty of members to read original papers. The Society is named in honor of the late Daniel Thurber, M.D., of Milford. An endowment of \$500, by Horace B. Chaffin, Esq., of New York, a native of Milford, and an additional contribution of \$400, by the citizens of the place, have enabled the Society to found a library.

## COMMUNICATIONS have been received from:—

Connecticut—Drs. A. Woodward, D. Hughes, G. Welles. Iowa—Dr. J. E. Smith. Illinois—Drs. S. Dickinson, R. G. Bogue. Kentucky—Drs. T. B. Lewis, T. F. Craig. Massachusetts—Dr. T. Temple. Michigan—Dr. C. V. Mottram. New Hampshire—Dr. J. H. Wheeler. North Carolina—Dr. R. E. Robeson. New Jersey—Drs. L. Craig, M. Aile. New York—Drs. E. L. Ford, G. W. Harris, J. H. Garfield. L. B. Cotes. Ohio—Drs. T. S. Moxley. Pennsylvania—Dr. S. A. Warren. Texas—Dr. J. M. Litten. Vermont—Drs. S. Keith, H. L. Richardson.

## METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

From the 1st day of April to the 8th day of April, 1861.  
Abstract of the Official Report.

Deaths.—Men, 105; women, 76; boys, 130; girls, 123—total, 434. Adults, 181; children, 253; males, 235; females, 199; colored, 9. Infants under two years of age, 160. Among the causes of death we notice:—Infantile convulsions, 40; croup, 9; diphtheria, 10; scarlet fever, 24; typhus and typhoid fevers, 2; consumption, 60; small-pox, 9; dropsy of head, 14; infantile marasmus, 25; puerperal fever, 5; inflammation of brain, 19; of lungs, 31; bronchitis, 6; congestion of brain, 8; of lungs, 7; erysipelas, 5; whooping cough, 1; measles, 11. 236 deaths occurred from acute disease, and 17 from violent causes. 288 were native, and 146 foreign; of whom 91 came from Ireland; 7 died in the Immigrant Institution, and 58 in the City Charities; of whom 15 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market building, No. 57 Essex street, New York.

March and April 1861.	Barometer.		Temperature.			Difference of dry and wet bulb, Thrm.		Wind.	Mean amount of cloud.	Rain.
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.			
31st	30.54	.35	43	34	50	8	13	W.	2	1.4
1st	30.25	.25	39	37	44	2	3	N.E.	10	
2nd	30.10	.20	38	33	44	5	7	N.	10	
3rd	30.10	.20	37	34	40	5	8	"	7	
4th	30.20	.10	40	33	47	7.5	11	"	0	
5th	30.15	.10	45	35	56	11	16	"	0	
6th	30.80	.15	44	38	50	6.5	10	S.E.	1	

REMARKS.—1st, Light snow and sleet P.M.; 2d, very light rain P.M.; 6th Fog A.M.; wind, light; wind, mostly from the first six days of the week.

## MEDICAL DIARY OF THE WEEK.

Monday, April 15.	{ New York Hospital, Dr. Markoe, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M. BELLEVUE HOSPITAL, Dr. Clark, half-past 1 P.M.
Tuesday, April 16.	{ New York Hospital, Dr. Buck, half-past 1 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. ISLAND HOSPITAL, Dr. Sayre, 1 P.M.
Wednesday, April 17.	{ EYE INFIRMARY, Operations, 12 M. New York Hospital, Dr. Griscom, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Stephen Smith, half-past 1 P.M. ACADEMY OF MEDICINE, 8 P.M.
Thursday, April 18.	{ OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. New York Hospital, Dr. Markoe, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Barker, half-past 1 P.M.
Friday, April 19.	{ New York Hospital, Dr. Buck, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M. BELLEVUE HOSPITAL, Dr. Macready, half-past 1 P.M.
Saturday, April 20.	{ OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. New York Hospital, Dr. Cock, half-past 1 P.M. EMIGRANTS' HOSP., WARD'S ISLAND, Dr. Carnochan, 3 P.M. EYE INFIRMARY, Diseases of Ear, 12 M.

## SPECIAL NOTICES.

ACADEMY OF MEDICINE.—At the next meeting, Dr. BUCK will complete his paper on the Treatment of Fractures of the Femur. The discussion of Morbus Coxiarius will also be continued.

At the first meeting in May, Dr. JAMES R. WOOD will read a paper on Necrosis and Reproduction of Bone, illustrated by Cases.

Sent Free by Mail on Receipt of Price.

**A Treatise on Diseases of the Joints,**  
by Richard Barwell. 8vo. London, 1861. \$3.75.  
BAILLIERE BROTHERS, 440 Broadway.

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**How to Work with the Microscope.**

A Course of Lectures on the Practical Use of the Instrument and Microscopical Manipulation, by Lionel S. Beale, M.D. Illustrated Edition, with 32 Plates, containing upwards of 150 figures. 12mo. London, 1861. \$1.70.

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**Nouveau formulaire Magistral, par**

A. Bouchardat. 10eme Edition. 12mo. Paris, 1861. \$1.25.

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**La Medecine du Prophete, traduit de**

l'Arabe, par M. le Dr. Perron. 8vo. Paris, 1860. 87c.

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**Jugaud.—Etudes pratiques sur l'An-**

gine Couenneuse. 8vo. Paris 75 cents.

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**Acclimatation et Domestication des**

Animaux utiles, par J. Geoffroy Saint-Hilaire. 8vo. Paris, 1861. \$2.35.

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**Essays and Observations on Natural**

HISTORY, ANATOMY, PHYSIOLOGY, PSYCHOLOGY, AND GEOLOGY, by John Hunter, F.R.S.; being his Posthumous Papers on those subjects, arranged and revised, with notes; to which are added the Introductory Lectures on the Hunterian Collection of Fossil Remains, delivered in the Theatre of the Royal College of Surgeons. By Richard Owen, F.R.S., D.C.L. 2 vols. 8vo. London, 1861. Price, \$10.00.

BAILLIERE BROTHERS, 440 Broadway.

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**A Book about Doctors, by J. Cordy**

Jeaffreson. 2 vols. 8vo. London, 1861. \$6.50.

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**The Seven Sisters of Sleep, a Popular**

History of the Seven Prevailing Narcotics of the World, by M. C. Cooke. 12mo. London, 1860. \$2.35.

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**Diagrams of the Nerves of the**

Human Body, exhibiting their Origin, Divisions, and Connexions, with their Distribution to the Various Regions of the Cutaneous Surface and to all the Muscles, by W. H. Flower, M.D. Folio. London, 1861. \$4.87.

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**Laboulbene.—Recherches cliniques et**

anatomiques sur les affections pseudo-membraneuses, productions plastiques, diphtheritiques, ulcero-membraneuses, antheuses, croup, muquet, &c. 8vo. Paris. \$2.25.

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**On Diphtheria: its History, Progress,**

Symptoms, Treatment, and Prevention; by Ernest Hart, M.D. 12mo. London. 80 cents.

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**A Paper on Diphtheria, read before**

the New York Academy of Medicine, by Dr. J. Wynne, M.D., January, 1861. 8vo. 25 cents.

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**A Treatise on Fever; or, Selections**

from a Course of Lectures on Fever, by R. D. Lyons, M.D. 8vo. London, 1861. \$3.87.

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do Citrate of Iron.  
do Carbonate of Iron.  
do Citrate of Iron and of Quinine.  
do Lactate of Iron.  
do Iron reduced to Hydrogen.  
do Official Chalk without odor.  
do Dragées of Lactate of Iron.  
do Ferruginous of Nancy for Rusty Water.  
do Lozenges of Citrate of Iron.  
do of Lactate of Iron.  
do Saccharine of Citrate of Iron for Rusty Water.  
do Syrup of Citrate of Iron.  
do Syrup of Lactate of Iron.  
do Poor Man's Plaster.  
BERTHE—Cod Liver Oil.  
do Syrup of Codeine.  
BILLARD—Creosote.  
BLANCAUD—Pills of Iodide of Iron.  
do Syrup do do.  
BONJEAN—Dragées of Ergotine.  
BOTOT—Tooth Water.  
do Tooth Powder.  
BOUBAULT—Anti-Dyspeptic Pepsine.  
do Additional Pepsine.  
BOUYEAU—Rob Boyveau Lafecteur.  
BRIANT—Syrup Antiphlogistic.  
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do Perfumed Bath.  
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do Pomatum for Piles.  
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do do Assafetida.  
do do Castoreum.  
do do Digital.  
do do Valerian.  
do do Ess. of Turpentine.  
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do Dragées of Santonine.

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do Syrup of Calf Lungs.  
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DELABARRE—Toothache Syrup.  
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do Syrup of Nafé.  
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MOURIES—Farina for Children.  
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